



2025-2026 Application for Certificate of Acknowledgement of Satisfactory Training in Bariatric Surgery

Instructions for completing the application:

- *Review the ASMBS Fellowship Certificate Application Core Curriculum & required supporting documentation **for your fellowship year** thoroughly prior to beginning this application.*
 - *Have all documents ready to submit with that application when you begin.*
 - *All fields must be completed to submit this application.*
 - *If you do not meet any of the minimum requirements, you may not submit the application. If there are any questions, email bst@asmbs.org*
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Fellow Information

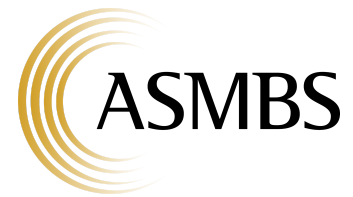
- *Full name*
 - *Credentials*
 - *Preferred Name & Credentials on Certificate, if approved*
 - *Personal Email*
(Please use a permanent email address. Correspondence may take longer than the duration of your fellowship.)
 - *Telephone*
 - *Address*
 - **Upload:** *Curriculum Vitae*
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Fellowship Information

- *Applicant's Fellowship Academic Year*
- *Fellowship Name*
- *Name of Institution*
- *Fellowship Council Identification Number*
(Please contact your program fellowship coordinator if you do not know what this is)
- *Date of Last Accreditation by Fellowship Council*
(Please contact your program fellowship coordinator if you do not know what this is)
- *Current Fellowship Accreditation Status from FC*
- *Total Number of Clinical Fellows in the Program*

Program Director Information

- *Full name*
 - *Credentials*
 - *Email*
 - *Telephone*
 - *Address*
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Cognitive Experience

A. Cognitive Curriculum Learning Objectives

- **Upload:** Log in to the ASMBS Learning Management System (LMS) and navigate to the [The FELLOW Project Lectures](#). Download your Certificate of Completion.

B. Management Conference Requirements

- **QA & QI Conferences (includes M & M, QI and Peer Review):** describe how you met this requirement during your fellowship.

C. Research Requirements

- Project Title
- Date of Submission
- Publication or Meeting
- **Upload:** Evidence of Scholarly Activity
- **Upload:** Evidence of Scholarly Activity Submission

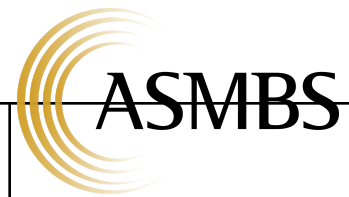
D. Multidisciplinary Conference Requirements

- **Support Group Meetings:** Describe how you met this requirement during your fellowship
- **Patient Educational Seminar:** Describe how you met this requirement during your fellowship

Technical Experience

Please complete the questions below (exact case/experience numbers must be entered):

Technical Experience	# completed by Fellow
Intestinal Anastomotic (Includes RYGB, OAGB, SADI-S, BPD-DS) <i>(Supporting documentation from the FC case log required)</i> *Minimum Requirement: 50 per year	
Restrictive Operations (SG and AGB) <i>(Supporting documentation from the FC case log required)</i> *Minimum Requirement: 10 per year	
Revisional Operations <i>(Supporting documentation from the FC case log required)</i> *Minimum Requirement: 5 per year	
Total Number of Bariatric Operations <i>(Supporting documentation from the FC case log required)</i> *Minimum Requirement: 100 per year	
Total Endoscopic Procedures <i>(Supporting documentation from the FC case log required)</i>	
How many were Therapeutic? <i>(Supporting documentation from the FC case log required)</i>	



Total Number of Bariatric Cases as Primary Surgeon <i>(Supporting documentation from the FC case log required)</i> *Minimum Requirement: 51 per year	
How many of these were done open? <i>(Supporting documentation from the FC case log required)</i>	

- **Upload:** Full Fellowship Council Case Log, **and**
- **Upload:** Summary of Fellowship Council Case Log

Clinical Experience

Please complete the questions below (exact case/experience numbers must be entered):

Clinical Experience	# completed by Fellow
Out-patient Preoperative Evaluations <i>(Supporting documentation)</i> *Minimum Requirement: 50 per year	
In-Patient Postoperative Management <i>(Supporting documentation)</i> *Minimum Requirement: 100 per year	
Outpatient Postoperative Evaluations <i>(Supporting documentation)</i> *Minimum Requirement: 100 per year	

- **Upload:** Patient Evaluation Case Logs

Program Director Attestation

C. Performance Assessment Synopsis: The Program Director will be responsible for conducting at least 2 fellow performance assessment interviews and providing the ASMBS with a brief synopsis of the meeting.

The Program Director Attestation is a required component of the ASMBS Bariatric Fellowship Certificate application. The Program Director is responsible for providing a signed letter on official institutional or program letterhead that:

- Confirms the applicant successfully completed the fellowship training requirements and Core Curriculum established for the ASMBS Bariatric Fellowship Certificate.
- Attests that, to the best of your knowledge, the information provided by the applicant is accurate and complete.
- Confirms the applicant satisfactorily met the clinical, technical, and educational expectations of the fellowship program.



- Provides a brief synopsis of the two fellow performance assessment interviews required by the ASMBS Fellowship Certificate Training Requirements, including general feedback regarding the fellow's progress, strengths, areas for growth, and readiness for independent practice.

Program Directors must confirm that the fellow completed the ASMBS Fellowship Certificate Training Requirements and Core Curriculum, and certify that the application has been reviewed with integrity and professionalism in accordance with [ASMBS Code of Ethics](#).

- **Upload:** *This form must be completed using the official Program Director Attestation (.docx) template available on the ASMBS Fellowship Certificate [webpage](#).*