



2026-2027 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
-

Fellow Information

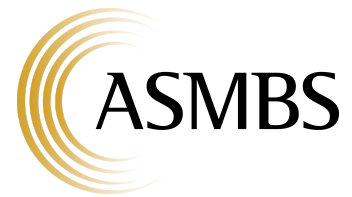
- Full name
 - Credentials
 - Preferred Name & Credentials on Certificate, if approved
 - Personal Email
(Please use a permanent email address. Correspondence may take longer than the duration of your fellowship.)
 - Telephone
 - Address
 - **Upload:** Curriculum Vitae
-

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
-



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):

<p>Technical Experience To meet the designation of comprehensive training, fellows must be exposed to more than one type of weight loss operation and participate in at least 150 weight loss operations.</p> <ul style="list-style-type: none"> • Primary surgeon is defined as > 50% of the case. • There should be a minimum of 150 Total Cases • <i>Supporting documentation from the FC case log required</i> 	<p># completed by Fellow</p>
<p>Total Weight Loss Operations *Minimum Requirement: 150</p>	



<p>Bariatric Cases 100 Bariatric cases with 65 as primary surgeon</p> <ul style="list-style-type: none"> • 50 MIS Anastomotic cases with 30 as primary surgeon <i>(including Roux -en-Y Gastric bypass, one anastomosis gastric bypass, Biliopancreatic Diversion +/- Duodenal Switch, or single-anastomosis duodenal switch variants [SIPS, SADI, SADS, etc.]</i> • 40 MIS Restrictive operations with 30 as primary surgeon <i>(Sleeve Gastrectomy operations and/or Adjustable Gastric Banding procedures)</i> • 15 MIS or Open Revisional procedures with 5 as primary surgeon <i>(Conversion or Reversal; excluding removal of adjustable gastric band; may double count as anastomotic or non-anastomotic)</i> 	<p># completed by Fellow</p>
<p>Total Bariatric Cases *Minimum Requirement: 100</p>	
<p>Total Bariatric Cases as primary surgeon *Minimum Requirement: 65</p>	
<p>Total MIS Anastomotic Cases *Minimum Requirement: 50</p>	
<p>Total MIS Anastomotic Cases as primary surgeon *Minimum Requirement: 30</p>	
<p>Total MIS Restrictive operations *Minimum Requirement: 40</p>	
<p>Total MIS Restrictive operations as primary surgeon *Minimum Requirement: 30</p>	
<p>Total MIS or Open Revisional procedures *Minimum Requirement: 15</p>	
<p>Total MIS or Open Revisional procedures as primary surgeon *Minimum Requirement: 5</p>	
<p>Hiatal Hernias</p> <p>10 Hiatal Hernias with 5 as primary surgeon <i>(may double count with a bariatric operation)</i></p> <p>Total Hiatal Hernias *Minimum Requirement: 10</p> <p>Total Hiatal Hernias as primary surgeon *Minimum Requirement: 5</p>	<p># completed by Fellow</p>

Surgical management of bariatric complications 10 Surgical management of bariatric complications with 5 as primary surgeon <i>(may double count with an anastomotic bariatric case)</i>	# completed by Fellow
Total Surgical management of bariatric complications *Minimum Requirement: 10	
Total Surgical management of bariatric complications as primary surgeon *Minimum Requirement: 5	

Endoscopy 25 Endoscopy <i>(diagnostic or therapeutic)</i> <ul style="list-style-type: none"> • Intraoperative and Separate Procedure • ESG 	# completed by Fellow
Total Endoscopy *Minimum Requirement: 25	

- **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](#).*