American Society for Metabolic and Bariatric Surgery
Membership Application - Regular & Affiliate Surgeons & Affiliate Physicians

Please review the instructions on page one before submitting your application. Remember all entries must be completed. Missing or incomplete entries will delay the processing and approval of your application. **Please print or type clearly.**

Contact Information

Applicant's Full Name: _____
(Last) (First) (Middle Initial) (Title/Credentials)

_____ □ Directory □ Mailing □ Both
(Company/Organization/Institution)

_____
(Street Address) (Suite/Room/Department)

_____
(City) (State/Province) (Zip/Postal Code) (Country)

_____
(Business Phone Number) (Cell Phone Number)

_____
(Primary Email) (Alternate Email)

_____
(Website Address) (Birthday – mm/dd/yyyy) (Citizenship)

_____
(Professional Title) (Present Position)

Membership Category (Please select one)

□ Regular ($375) □ Affiliate Surgeon ($325) □Affiliate Physician ($325)

Are you an active member of the military? □ **YES (Answer questions below)** □ **NO**
□ **Print & Online Only SOARD ($160)** □ **Online Only SOARD ($60)**

Board Certification

- □ Certified by the American Board of Surgery
- □ Certified by the American Board of Osteopathic Surgery
- □ Fellow of the American College of Surgery
- □ Fellow of the Royal College of Surgery of _____

Fellowships and Memberships

□ AMA □ AOA □ SAGES □ SSAT □ TOS □ IFSO Chapter_____ □ Other_____

Practice Setting (Please select one)

□ Academic □ Private Practice □ Hospital Employee □ Military/Government □ Other_____

Licensure

1. Has any action, in any jurisdiction, been taken regarding your license to practice medicine with within the last five years or extending to within the last five years? This includes actions involving revocation, suspension, limitation, probation, or any other sanctions or conditions imposed upon a license. □ **YES** □ **NO**
2. Have you been the subject of any disciplinary action by a medical society or hospital staff within the last five years? □ **YES** □ **NO**
3. Have you been convicted of fraud or a felon within the last five years? □ **YES** □ **NO**

PROCEDURES

Please answer the following questions – if the answer is 0, please answer 0. Do not leave any fields blank.

_____Years involved in the field of bariatric surgery
_____Number of patients being followed up
_____Percentage of practice devoted to bariatric surgery
_____Number of bariatric procedures performed as the primary surgeon

Please check the types of bariatric surgeries you perform

□ LGBP	Lap Roux-En-Y Gastric Bypass	□ OGR	Other Gastric Restriction
□ DGBP	Lap Distal Roux-En-Y Gastric Bypass	□ LBPD/DS	Lap BPD & Duodenal Switch
□ BGB	Lap Banded Gastric Bypass	□ BPD/DS	Open BPD & Duodenal Switch
□ GBP	Open Roux-En-Y Gastric Bypass	□ LBPD	Lap BPD
□ OGBP	Other Gastric Bypass Procedures	□ BPD	Open BPD
□ SG	Lap Sleeve Gastrectomy	□ PED	Patients under 18
□ LB	Lap Adjustable Banding	□ FOLL	Willing to Follow Other Surgeons Patients
□ GB	Open Gastric Banding	□ REV	Revision/Conversion of Prior Procedure
□ VBG	Vertical Banded Gastroplasty	□ N/A	No bariatric procedures performed
□ SRG	Silastic Ring Gastroplasty		

Authorization

I authorize the ASMBS to obtain information from societies, hospital staff, members and other sources regarding this application and my qualifications for membership which will be kept confidential by the ASMBS. To the best of my knowledge, I state the information on this application to be accurate.

Applicant's signature _____ **Date**_____

Upon submission of a completed application, the application is sent to the ASMBS Membership Committee for review. It can take approximately 6-8 weeks for approval. Pending members ***with payment*** are eligible for the reduced member rate for all educational meeting and symposiums.

The American Society for Metabolic and Bariatric Surgery prohibits discrimination against any member or any applicant for membership because of race, color, gender, national or ethnic origin, age, religion, disability, sex, or any other characteristic protected under applicable federal or state law.

To remit or for questions and inquiries, please contact ASMBS Member Services:

ASMBS Member Services
100 SW 75th Street, Suite 201 Gainesville, FL 32607
P: 352.331.4900 F: 352.331.4975
Email: membership@asmbs.org Website: www.asmbs.org

Payment

- □ A check ($USD only) is enclosed. Please make checks payable to ASMBS.
- □ A check will be sent under separate cover. (This will delay the processing of your application.)
- □ I authorized you to charge my: □ VISA □ MasterCard □ American Express □ Discover

Card number_____Expiration_____

CCV_____ Amount_____

Billing Address _____

Card Holder Name_____Signature_____

For Office use only:
_____CV _____RLOR _____RLOR _____PMT _____CERT

ASMBS Letter of Recommendation Form

For applicants applying for surgeon or physician members only*

Name of the Applicant: _____

Please answer the following questions about the applicant:

1. How long have you known this practitioner? _____

2. To the best of your knowledge, has the practitioner's license, clinical privileges, staff membership or other professional status ever been denied, challenged, suspended, revoked, modified or voluntarily suspended? □ Yes □ No

3. To the best of your knowledge, is this practitioner qualified and competent in the performance of bariatric surgery and is this practitioner able to perform these duties in accordance with accepted professional standards? □ Yes □ No

Please rate the following for this practitioner:

	Adequate	Not Adequate	No Knowledge
Medical Knowledge			
Technical and Clinical Skills			
Availability for and thoroughness in patient care			
Professional/Personal Ethics			

I recommend this applicant for:

- □ Regular membership
- □ Affiliate Surgeon membership
- □ Affiliate Physician Membership
- □ Do not recommend for ASMBS membership

Additional Comments_____

_____

Name of Member Sponsor* _____
(Please print or type clearly)

Address_____

Phone_____ Email_____

Signature of Member Sponsor* _____

*This form should be completed by a current ASMBS member with voting privileges (Regular or Senior members) only, unless the applicant is applying for International membership. International applicants may have the form completed by an International member. Please see application instructions for additional information.

Please direct all correspondence to
Member Services, 100 SW 75th Street, Suite 201, Gainesville, FL, 32607
Phone: 352.331.4900Fax: 352.331.4975 Email: membership@asmbs.org