

## 2020 INTERNATIONAL TRAINEE MEMBERSHIP

# Join AGA and invest in your future.

## Stay up to date

Stay up to date with the latest GI news and research.

- **Clinical Gastroenterology and Hepatology (CGH):** Official monthly clinical practice journal of the AGA Institute.
- **Gastroenterology:** Leading monthly journal in the field of GI.
- **GI & Hepatology News:** Official newspaper of the AGA Institute providing commentary about clinical developments and the impact of health care policy.
- **AGA eDigest:** Weekly e-newsletter covering important topics and news from the AGA Institute.
- **AGA Perspectives:** Bimonthly magazine where experts debate today's most controversial GI topics.
- **AGA Today in Medicine:** Daily news feed featuring the day's top headlines.
- **www.gastro.org:** Access members-only resources and stay connected all day, every day.

## Connect and engage

Connect and engage with colleagues who share your passions and face similar challenges.

- **AGA Mentor and Advisor Program:** Informal career advice and networking opportunities, including one-on-one mentoring and an advisory forum.
- **AGA Community:** A private, members-only forum, directory and resource library.
- **Section affiliations:** Thirteen special interest groups. AGA members can join up to six.
- **Committees:** Groups of volunteer members assigned a mission and set of responsibilities associated with a particular area within the association. You must apply or be nominated for a committee appointment.
- **AGA Academy of Educators:** The home for educators within AGA.
- **Social media:** Interact with AGA through a variety of social networks.

## Improve your skill set

Improve your skill set with access to a variety of educational opportunities offered free or at a discount.

- **DDSEP®:** A diverse learning platform that allows you to prepare for the GI board exam, assess your knowledge and keep current on GI advances.
- **AGA Gastroenterology Training Examination and Post-Exam Resources:** Educational assessment tool designed to measure the progress of training and promote continuous improvement, elevate competence and develop a plan of study.
- **Digestive Disease Week® (DDW):** The world's largest gathering of GI professionals and one of the top 50 medical meetings.
- **AGA Postgraduate Course:** AGA Institute's flagship educational course covering both basic science and clinical topics.
- **And much more.** Visit AGA University at [www.gastro.org/education](http://www.gastro.org/education) for all programs and products.

## Join AGA and save

FEATURE	SAVINGS
CGH	\$300
Gastroenterology	\$562
GI & Hepatology News	\$230
DDSEP®	\$540
DDW	\$350
<b>Total savings</b>	<b>\$1,982</b>

Journal prices are 2020 rates.

## Advance your career

Advance your career with a variety of professional development opportunities.

- **Publish with AGA:** Submit your research for publication in AGA's premier journals and your abstracts for consideration for presentation at DDW.
- **Research and travel awards:** Find nearly \$2.5 million in research funding to encourage basic, clinical and translational discovery in GI and hepatology.

## Prepare for a future

Prepare for a future in gastroenterology.

- **Resources for GI Fellows and fellowship:** Resources you need to help you navigate GI training and beyond.

### Eligibility requirements and dues

Membership is open to any person residing outside North America who is a resident, fellow, trainee or scientist in a postdoctoral specialty training program in gastroenterology under the supervision of a member, international member or other person whose qualifications are acceptable to AGA.

**Annual dues: \$150**

Questions?

Contact AGA Member Relations at 301-941-2651 or send an email to [member@gastro.org](mailto:member@gastro.org).

### Connect with AGA

 /AmerGastroAssn

 /AmerGastroAssn

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 /company/amer gastroassn

### Join the discussion

 [community.gastro.org](https://community.gastro.org)

## Welcome to AGA

FOUNDED IN

**1897**

**13** SECTION  
AFFILIATIONS  
*special interest affiliations*  
AMONG AGA MEMBERS



*more than*

**16,000**

*members dedicated to*  
**IMPROVING**  
DIGESTIVE HEALTH

**10 MEMBER TYPES**  
REPRESENTING *every facet of*  
**GASTROENTEROLOGY**



*the number of social*  
NETWORKING SITES TO  
CONNECT WITH AGA

**5**

**21 COMMITTEES**  
PLAYING AN ACTIVE ROLE IN  
*AGA's decision-making process*

**1 Mission:**  
*to Advance the Science and Practice of*  
**GASTROENTEROLOGY**

# 2020 INTERNATIONAL TRAINEE MEMBERSHIP

Trainee year is July 1-June 30.

2020 Dues  International Trainee (\$150/year)

Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
(MM/DD/YYYY)

## Personal information

First name Middle name Last name

Suffix Job title

Current degree(s):  MD or equivalent  PhD or equivalent  DO  DVM  Other\_\_\_\_ Preferred mailing address:  Home  Work

Company name

Work address

City State/Prov Zip/Postal code Country

Work phone Email address (required for website login)

Home address

City State/Prov Zip/Postal code Country

Home phone Alternate email address

## Education (required)

College Degree type Date graduated (MM/DD/YYYY)

Medical (or other professional) school Degree type Date graduated (MM/DD/YYYY)

## Training (required)

Current training end date (required): \_\_\_\_/\_\_\_\_/\_\_\_\_ Start date (required): \_\_\_\_/\_\_\_\_/\_\_\_\_  
(MM/DD/YYYY) (MM/DD/YYYY)

What year of training are you in?  1st year  2nd year  3rd year  4th year  Other \_\_\_\_\_

Residency: Name of institution Completion date (MM/DD/YYYY)

Gastroenterology: Name of institution Completion date (MM/DD/YYYY)

Other: Name of institution Completion date (MM/DD/YYYY)

National provider identifier (NPI) (if applicable)

## Medical license (required if applicable)

Name as it appears on medical license Medical license number

License city and state/country National ID number (Canada)

Educational Commission for Foreign Medical Graduates Number (for graduates of foreign medical schools only)

**Required:** Has any action in any jurisdiction been taken regarding your license to practice medicine? This includes actions involving revocation, suspension, limitation, probation or any other sanctions or conditions imposed upon a licensee. **Note: Any significant misstatements or omissions from this application shall constitute cause for denial/revocation of AGA membership.**

Yes (please attach explanation)  No

# Demographics

Are of Hispanic or Latino background:  Yes  No  Prefer not to respond

Race (Mark all that apply):  Black/African American  American Indian/Alaskan Native  Asian  Native Hawaiian/Pacific Islander  White  Prefer not to respond Sex:  Male  Female Date of birth (required): \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY)

Professional activity: Indicate the percentage of time you spend in each of the following professional activities (total should not exceed 100 percent):

\_\_\_\_ % patient care      \_\_\_\_ % research: basic or translational      \_\_\_\_ % research: clinical      \_\_\_\_ % teaching  
\_\_\_\_ % administrative: management      \_\_\_\_ % industry      \_\_\_\_ % other

## Which of the following best describes your primary work setting?

- Physician-owned practice
- Academic institution with primary mission of teaching/research
- Pharmaceutical or medical device company
- Hospital-owned practice
- Hospital/health system
- Jointly owned physician/hospital practice
- Locum tenens/independent contractor
- Other \_\_\_\_\_

## If you are in a physician-owned or hospital-owned practice, please answer the following questions:

How many gastroenterologists are in your practice? \_\_\_\_ How many nurse practitioners/physician assistants are in your practice? \_\_\_\_  
How many non-GI physicians are in your practice? \_\_\_\_ If you are in a physician-owned practice, are you an owner?  Yes  No

Subspecialty:  General GI, including liver disease  General GI, but not liver disease  Primarily liver disease  
 Pediatric gastroenterology  GI surgery  Other \_\_\_\_\_

AGA Section Affiliations: Choose up to six sections to belong to: 1 \_\_\_\_ 2 \_\_\_\_ 3 \_\_\_\_ 4 \_\_\_\_ 5 \_\_\_\_ 6 \_\_\_\_

- |   |                                     |   |   |
|---|-------------------------------------|---|---|
| A. Clinical Practice                        | D. Pancreatic Disorders             | H. Pediatric Gastroenterology & Developmental Biology | K. Obesity, Metabolism & Nutrition          |
| B. Esophageal, Gastric & Duodenal Disorders | E. Liver & Biliary                  | I. Immunology, Microbiology & IBD                     | L. Imaging, Endoscopy & Advanced Technology |
| C. Basic and Clinical Intestinal Disorders  | G. Neurogastroenterology & Motility | J. Cellular and Molecular Gastroenterology            | M. Microbiome & Microbial Therapy           |

## Contact permissions (required)

- Yes  No I want to stay up to date on educational offerings, conferences, and gastroenterology updates via email or post. You can opt-out at any time.
- Yes  No I consent to have my data shared with select AGA partners and third parties. You can opt-out at any time.

## Terms and conditions (required)

- Yes I have read and agree to the AGA Privacy Policy ([www.gastro.org/privacy-policy](http://www.gastro.org/privacy-policy)).

AGA values your personal information and has processes in place to keep your details secure. Any parties that we may share your data with are obliged to do the same and will only use it to fulfill relevant services they provide you on our behalf.

## Applicant's signature (required)

I authorize AGA to obtain information from societies, hospital staff, members and any other source regarding this application and my qualifications for membership. This information, whether or not solicited by AGA, may be kept confidential by AGA. I certify that the above information is accurate.

Signature

Please print name

## Program director signature (required)

All applications for trainee/international trainee membership must have the signature of the trainee's program director. If the program director is not an AGA member, the application must also have the signature of an AGA member. By signing below, the individual verifies, to the best of his/her knowledge, that the applicant meets the requirements of AGA membership.

I, \_\_\_\_\_ verify that Dr. \_\_\_\_\_ is a resident/trainee at

Print name of institution

Program director (signature)

Please print name

If your program director is not an AGA member, please provide a nominating signature from a current AGA member (this cannot be a trainee).

AGA nominated by (signature)

Please print name

## Payment

Membership period is July 1–June 30. Annual dues will be **prorated** based on acceptance date. You can find the proration chart at [www.gastro.org](http://www.gastro.org). **Payment of the application fee and current dues must be provided at time of submission. New members will not be activated without full payment.**

My check is enclosed in U.S. dollars, payable to AGA.

Check #

Check amount

Visa  MasterCard  American Express

Name on card

Card number

CVV

Expiration date

Amount

Signature

### Submit your application by mail or online

#### By mail:

AGA Member Relations Department  
4930 Del Ray Ave.  
Bethesda, MD 20814-2513

#### Email:

[member@gastro.org](mailto:member@gastro.org)

#### Online:

[www.gastro.org/sign-up](http://www.gastro.org/sign-up)

# 2020 International Trainee Membership

Save paper, join online: [www.gastro.org/sign-up](http://www.gastro.org/sign-up)