

2020 MEMBERSHIP FOR MEDICAL RESIDENTS IN NORTH AMERICA

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):** Online access to the official monthly clinical practice journal of the AGA Institute.
- **Gastroenterology:** Online access to the 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.
- **Cellular and Molecular Gastroenterology and Hepatology (CMGH):** Online open-access peer-reviewed journal publishing cutting-edge digestive biology research.
- **The New Gastroenterologist:** A quarterly supplement to *GI & Hepatology News* that focuses on the needs of early career GIs.
- **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 Community:** A private, members-only forum, directory and resource library.
- **Section affiliations:** Thirteen special interest groups. AGA members can join up to six.
- **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.

- **Clinical guidelines:** Evidence-based recommendations that help guide clinical practice decisions. Available as a mobile app.
- **Digestive Disease Week® (DDW):** The world's largest gathering of GI professionals and one of the top 50 medical meetings – includes the AGA Trainee and Young GI Track.
- **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 for all programs and products.

Eligibility requirements and dues

Medical residents residing in North America (U.S., Canada or Mexico)

Membership is open to any medical resident residing in North America (U.S., Canada or Mexico) who is continuing formal training in medicine or any scientist, researcher or student with a post-baccalaureate degree who is pursuing a full-time postgraduate degree or program of study concentrating in medicine. Applicant must include an attestation from the program director, medical director or appropriate certifying office.

Annual dues: \$75 for each year of medical residency.

Questions?

Contact AGA Member Relations at 301-941-2651 or send an email to member@gastro.org.

Connect with AGA

 /AmerGastroAssn  /AmerGastroAssn

 /AmerGastroAssn  /company/amerastroassn

Join the discussion

 community.gastro.org

Gain a voice

Gain a voice on Capitol Hill with AGA Advocacy and Political Action Committee.

- **Mission:** AGA works closely with government and regulatory agencies to ensure the needs of GIs are being met.
- **AGA PAC:** The only political action committee supported by a national gastroenterology society.
- **Get involved:** Various opportunities to contact your legislators on key issues.

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.
- **GI CareerSearch.com:** AGA Institute's premier online career center to fill or find a position.

Prepare for a future

Prepare for a future in gastroenterology.

- **U.S. Gastroenterology Training Programs Database:** A geographical listing of accredited training programs.
- **National Residency Matching Program (NRMP):** The NRMP provides an impartial venue for matching applicants' and programs' preferences for each other consistently, allowing a uniform date of appointment to positions in graduate medical education in the U.S.

Save money

Save money by taking advantage of special discounts with AGA partners.

- **UpToDate®** is an evidence-based, physician-authored clinical knowledge resource trusted by more than 850,000 clinicians in more than 164 countries to make the right point-of-care decisions. AGA members receive an exclusive 14-day free trial.
- **Commonbond** is a leader in student lending, helping you reduce your student loans.

Welcome to AGA

FOUNDED IN 1897



MORE THAN 16,000 MEMBERS

21 COMMITTEES

13 SECTION AFFILIATIONS

10 MEMBER TYPES



5 SOCIAL NETWORKING SITES

1 Mission:

to Advance the Science and Practice of
GASTROENTEROLOGY

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Medical residency year is July 1-June 30.

2020 Dues Medical resident (U.S., Canada, Mexico) \$75/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) _____

Residency (required) Current training end date (required): ____/____/____ Start date (required): ____/____/____ (MM/DD/YYYY) (MM/DD/YYYY)

What type of residency are you in? (for example: internal medicine, general surgery or pediatrics) _____

What year of residency are you in? 1st year 2nd year 3rd year 4th year Other_____

Residency: 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

Residency type: _____

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).

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

Payment

Membership period is July 1–June 30. **Payment of the 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
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Visa MasterCard American Express

Name on card	Card number	CW
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Expiration date	Amount	Signature
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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

Online:

www.gastro.org/sign-up

2020 Membership for Medical Residents in North America

Save paper, join online: www.gastro.org/sign-up