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**: (Discount for members) 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.

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

- **Principles of Gastroenterology for the Nurse Practitioner (NP) and Physician Assistant (PA)**: One-of-a-kind course covers topics that are important to you as a GI health care provider.
- **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.
- **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 Nurse Practitioner and Physician Assistant Resource Center**: Tools and services for the NP and PA.
- And much more. Visit AGA University at www.gastro.org/education for all programs and products.

#### Join AGA and save

<table>
<thead>
<tr>
<th>FEATURE</th>
<th>SAVINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td>CGH</td>
<td>$431</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>$615</td>
</tr>
<tr>
<td>GI &amp; Hepatology News</td>
<td>$230</td>
</tr>
<tr>
<td>DDW</td>
<td>$150</td>
</tr>
<tr>
<td>Principles of Gastroenterology Course</td>
<td>$300</td>
</tr>
<tr>
<td>DDSEP®</td>
<td>$200</td>
</tr>
<tr>
<td><strong>Total savings</strong></td>
<td><strong>$1,926</strong></td>
</tr>
</tbody>
</table>

Journal prices are 2020 rates.

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.
- **AGA Academy of Educators**: The home for educators within AGA.
- **Social media**: Interact with AGA through a variety of social networks.
- **GICareerSearch.com**: AGA Institute’s premier online career center to fill or find a position.
Welcome to AGA

Thrive

Thrive in the new world of accountable care.

- The GI Patient Center: A collection of patient education materials.
- AGA’s Practice Updates: Guidance to help you provide the most up-to-date, evidence-based care for your patients.
- Ask AGA: IBD: and its free patient app companion, My IBD Manager from AGA: for everything about inflammatory bowel disease (IBD).

Eligibility requirements and dues

Membership is open to nurse practitioners and physician assistants residing in North America who are affiliated with a GI or multi-specialty practice and who have one of the following degrees or certifications: PA, NP, PAC, ANP, ARNP, CRNP, PNP or where the degree may contain PA or NP with leading or ending characters.

One-time application fee: $40

Annual dues: $215

Optional benefit:

Gastroenterology: $154/year

Questions?

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

Connect with AGA

/AmerGastroAssn
/AmerGastroAssn
/AmerGastroAssn
/company/amer gastroassn

Join the discussion

community.gastro.org
Application fee (payable with application)  ❑ $40  
Optional benefit  ❑ Add Gastroenterology ($154/year)  
2020 Dues  ❑ $215/year  
Date  _____/ _____/ _____  
(MM/DD/YYYY)  

Personal information

First name  
Middle name  
Last name  
Suffix  
Job title  

Current degree(s):  ❑ PA  ❑ PAC  ❑ NP  ❑ ARNP  ❑ CRNP  ❑ PNP  ❑ ANP  ❑ 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)  
Medical license # (required if applicable)  
State of license  
Occupation/field of license  

National provider identifier (NPI) (If applicable)  

Medical license/board certification  (required)

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 tenants/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
B. Esophageal, Gastric & Duodenal Disorders
C. Basic and Clinical Intestinal Disorders
D. Pancreatic Disorders
E. Liver & Biliary
F. Gastrointestinal Oncology
G. Neurogastroenterology & Motility
H. Pediatric Gastroenterology & Developmental Biology
I. Immunology, Microbiology & IBD
J. Cellular and Molecular Gastroenterology
K. Obesity, Metabolism & Nutrition
L. Imaging, Endoscopy & Advanced Technology
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).

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.
Payment

Membership period is Jan. 1–Dec. 31. Annual dues will be prorated based on acceptance date. You can find the proration chart at 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

Online: www.gastro.org/sign-up
2020 Nurse Practitioner & Physician Assistant Membership

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