NORTH AMERICAN SOCIETY FOR PEDIATRIC GASTROENTEROLOGY, HEPATOLOGY AND NUTRITION

North American Society for Pediatric Gastroenterology, Hepatology and Nutrition

INTERNATIONAL MEMBERSHIP APPLICATION

Any non-North American individual meeting the eligibility criteria for International Membership, as well as any member of ESPGHAN, the Latin American Society of Pediatric Gastroenterology and Nutrition (Sociedad Latinoamericana de Gastroenterologia y Nutricion Pediatrica), and of the Asia Pacific Society of Pediatric Gastroenterology. Members of these societies may apply for membership in NASPGHAN by submission of 1) verification of membership in that society by the Secretary-Treasurer of the society, 2) a completed membership form and 3) a curriculum vitae.

Eligibility Criteria

Pediatric Gastroenterologists - Certified or eligible for certification in Pediatric Gastroenterology by a national examining board, by virtue of having completed an accredited pediatric gastroenterology fellowship in a training program approved by a foreign equivalent of the Accreditation Council for Graduate Medical. Verification of eligibility for certification should be submitted in writing by the training director. Or five years of broadly based experience in Pediatric Gastroenterology. These five years should be of such type and quality that they substitute for the clinical and research exposure one might have encountered during sub-specialty training. A combination of sub-specialty residency training in Pediatric Gastroenterology and practice of Pediatric Gastroenterology to equal five years is considered acceptable. A minimum of 50% current full time professional activities must be spent in Pediatric Gastroenterology.

Physician Nutritionists - Certified or eligible for certification in Pediatric Nutrition by a national examining board. Or five years of broadly based experience in Pediatric Nutrition. These five years should be of such type and quality that they substitute for the clinical exposure one might have encountered during sub-specialty training. A combination of sub-specialty residency training in Pediatric Nutrition and practice of Pediatric Nutrition to equal five years is considered acceptable. A minimum of 50% current full-time professional activities must be spent in Pediatric Nutrition.

Research Scientists - Ph.D. or M.D. in a basic or clinical science with a sustained research interest in Pediatric Gastroenterology and/or Hepatology and/or Nutrition

All applications must include this form, the applicant's most current curriculum vitae and verification of membership in one of the above mention societies by the Secretary-Treasurer of the society. Please include the original and one copy of the completed application and supporting documents.

Name_____Title_____

Birth Date_____

Institution Name_____

Institution Address_____

Phone_____Fax_____

E-Mail_____

Home Address_____

Preferred Mailing Address: Home_____ Institution_____

Please check those related, professional organizations in which you are currently an active member:

AASLD _____ AGA _____ AAGE_____ SSAT _____ AMA _____ ESPGAN _____ LASPGN

____Asia Pan Pacific Society of Pediatric Gastroenterology Other _____

Education:

Medical/Graduate School_____

Year_____Degree_____

Internship_____ Year s_____

Residency_____ Years_____

_____ Year s_____

Other Affiliation

Institution_____

Address_____

Position_____Dates_____

Phone_____

Licensure

List where you are licensed to practice. Enclose a copy of current license(s) showing expiration date for where you are actively practicing.

Specialty Boards (if applicable)

_____Eligible_____Year Certified_____

_____Eligible_____Year Certified_____

Experience

Describe your background/training and participation in Pediatric Gastroenterology/Hepatology. Practice, teaching or clinical research.

Publications

Please list your pertinent publications (attach additional pages, if necessary).

Reference

Any member of ESPGHAN, the Latin American Society of Pediatric Gastroenterology and Nutrition (Sociedad Latinoamericana de Gastroenterologia y Nutricion Pediatrica), and of the Asia Panpacific Society of Pediatric Gastroenterology may apply for membership in NASPGHAN by submission of verification of membership in that society by the Secretary-Treasurer of the society,

Society_____

Name:_____Phone_____

Address_____

Election

Election to International Membership shall take place by a vote of the Executive Council at its biannual meetings in May and November. Complete applications must be submitted to the National Office at least one month prior to the Council meeting. The Secretary-Treasurer will be empowered to evaluate the completed applications on behalf of the Executive Council. Any application for membership that does not clearly fulfill the recommended criteria will be circulated to the Council members before a meeting and reviewed by the Executive Council at the meeting. In all cases, a decision in favor of membership would require a majority vote by the Executive Council at that time.

_____ _____

Applicant's Signature Dat e

Incomplete applications cannot be processed! Send your signed application with appropriate documents to:

NASPGHAN
National Office
PO Box 6
Flourtown, PA 19031
Phone: 215-233-0808
Fax: 215-233-3918
Email: NASPGHAN@msn.com

International Member Checklist:

- ❑ Completed and signed application form
- ❑ Current curriculum vitae
- ❑ Verification from Professional Society
- ❑ Original and ONE copy of all of the above