INTERNATIONAL MEMBERSHIP APPLICATION

NASPGHAN membership is open to 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 the Asia Panpacific 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 mentioned societies by the Secretary-Treasurer of the society. Please include the original and one copy of the completed application and supporting documents. New member applications are considered by NASPGHAN Council four times a year in January, April, July and October.

Name ____________________________________________
Title ____________________________________________  Birth Date __________________
Institution Name __________________________________
Institution Address  __________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
Phone _______________________________  Fax ______________________________
Email ______________________________________________________________________

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____________________________________________ Years______________
Residency____________________________________________ Years______________
___________________________________________________ Years______________

_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.

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**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.

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**Publications**

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

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Reference

Any member of ESPGHAN, the Latin American Society of Pediatric Gastroenterology and Nutrition (Sociedad Latinoamericana de Gastroenterología y Nutrición 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 meetings. Complete applications must be submitted to the National Office at least one month prior to the Executive Council meeting.

_______________________________________   ___________________
Applicant’s Signature       Date

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

NASDAQHAN National Office
714 N. Bethlehem Pike, Suite 300
Ambler, PA 19002

Email: krose@naspghan.org


**International Member Checklist:**
- Completed and signed application form
- Current curriculum vitae
- Verification from Professional Society
- Original and ONE copy of all of the above