



**1. Instructions**

- Please print or type all responses.
- Return completed form to: PSG, 777 East Park Drive, PO Box 8820, Harrisburg, PA 17105-8820
- Please attach current curriculum vitae.
- Please list the appropriate names as references in the space provided (Item #14, #15 or #16).
- Please enclose a check or credit card information to cover current year's membership dues.

**2. Application for** (please check one):

- Active (Dues = \$175)
- Associate (Dues = \$0)
- Affiliate (Dues = \$88)
- Non-Physician Clinician-NPC (Dues = \$60)

Check enclosed OR  Charge my Mastercard, Visa, or Discover (circle one).

Name \_\_\_\_\_

# \_\_\_\_\_ Exp. Date \_\_\_\_\_

Billing Address \_\_\_\_\_ 3 digit CCV \_\_\_\_\_

Signature \_\_\_\_\_

**Active**—must have authentic medical or osteopathic licensure; be in good standing in the community and of sound moral and ethical nature and free of any criminal record or indictment; must be board certification in gastroenterology or fulfilling the criteria for eligibility for board certification in gastroenterology; dues paying member.

**Associate**—available to all residents or fellows during the period of subspecialty training in gastroenterology; will not pay and may not vote.

**Affiliate**—any person of good character who evinces an interest in GI; may serve as a committee member but may not vote; dues are 50 percent of the active member rate.

**Non-Physician Clinician (NPC)**—any person who is a certified registered nurse practitioner, physician assistant, nurse, or other NPC working in the field of Gastroenterology. Must include letter from their gastroenterologist employer with application; may serve as a committee member (but not as chair); may not vote.

**3. Name** \_\_\_\_\_

**4. Office Address** \_\_\_\_\_ **Home Address** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**5. Phone** \_\_\_\_\_ **Phone** \_\_\_\_\_

**6. Fax** \_\_\_\_\_ **E-mail** \_\_\_\_\_

I give permission to the PSG to add my email address to their database for PSG use ONLY. PSG will not share your email information with outside parties.

**7. Preferred Mailing Address**  Office  Home

**8. Date of Birth** \_\_\_\_\_ **Place** \_\_\_\_\_

9. **Medical School** \_\_\_\_\_  
**Degree** \_\_\_\_\_ **Graduation Date** \_\_\_\_\_
10. **Residency** \_\_\_\_\_  
Subject \_\_\_\_\_ Begin Date \_\_\_\_\_ End Date \_\_\_\_\_
11. **GI Fellowship** \_\_\_\_\_  
Begin Date \_\_\_\_\_ End Date \_\_\_\_\_  
Medical License Number \_\_\_\_\_ State \_\_\_\_\_ Date Issued \_\_\_\_\_  
In active practice of Gastroenterology since \_\_\_\_\_
12. **Board Certification**  
Internal Medicine  Yes  No (date \_\_\_\_\_)  
Gastroenterology  Yes  No (date \_\_\_\_\_)  
**Affiliate members** – Other \_\_\_\_\_ (date \_\_\_\_\_)  
\_\_\_\_\_ (date \_\_\_\_\_)
13. **Member of**  AMA  Pa Medical Society  CMS  AGA  ASGE  ACG  AASLD  
Fellow of \_\_\_\_\_

## Reference Requirements

14. **Active and Affiliate Applicants:**  
Please list the names of two active members of the PSG or one active member and one of a medical colleague familiar with your professional activities (e.g. chief of service or chief of medicine).  
The PSG office will send a reference form to the physicians you have indicated.
1. \_\_\_\_\_  
(Please Print)
2. \_\_\_\_\_  
(Please Print)
15. **Associate Applicants Only:**  
Please provide the signature of the director of your training program or chief of service.
- \_\_\_\_\_  
(Please Print)
16. **NPC Applicants Only:**  
Please provide a letter of recommendation from your **Gastroenterologist Employer** and return with application.



**Pennsylvania  
Society of  
Gastroenterology**

777 East Park Drive, PO Box 8820  
Harrisburg, PA 17105-8820

### Application Process

Administrative office must receive:

- Completed application;
- Copy of curriculum vitae;

Application is reviewed and approved by Membership Committee.

Application is reviewed and approved by Governing Board.

Applicant receives letter of acceptance and membership certificate.