



FULL MEMBERSHIP APPLICATION

Full membership is extended to Pediatric Gastroenterologists, Research Scientists, and Physician Nutritionists with a major and sustained interest in the area of Pediatric Gastroenterology, Hepatology and/or Nutrition who are permanent residents or citizens of a country of North America (Canada, the United States, and Mexico).

Eligibility Criteria

Pediatric Gastroenterologists - Certified or eligible for certification in Pediatric Gastroenterology by a national examining board of the United States, Canada, or Mexico by virtue of having completed an accredited pediatric gastroenterology fellowship in a training program approved by the Accreditation Council for Graduate Medical Education or by the Royal College of Physicians and Surgeons of Canada. 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 body in the United States, Canada, or Mexico. 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 letter of recommendation from one member of the NASPGHAN. 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 list related, professional organizations in which you are currently an active member:

Education:

Medical/Graduate School _____

Year _____ Degree _____

Internship _____ Years _____

Residency _____ Years _____

_____ Years _____

Other Affiliation

Institution _____

Address _____

Position _____ Dates _____

Phone _____

Licensure

List states, provinces, etc., in the United States, Canada, Mexico or elsewhere where you are licensed to practice.

Specialty Boards _____ Eligible _____ Year Certified _____
_____ Eligible _____ Year Certified _____

Experience

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

Publications

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

Reference

All applicants for membership must include a reference letter from an active Full Member of NASPGHAN, letters from immediate relatives are not acceptable.

Name: _____ Phone _____

Address _____

Election to Full Membership

Election to Full Membership will 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:

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

Email: krose@naspghan.org

Phone: 215-641-9800 Fax: 215-641-1995

Full Member Checklist:

- o Completed and signed application form
- o Current curriculum vitae
- o One letter of reference
- o Original and ONE copy of all of the above