



ASGE International Course Endorsement Application

Thank you for your interest in ASGE endorsement of your educational program. Attaining ASGE endorsement is a process involving the submission of certain materials to the ASGE International Committee and an understanding of the conditions under which ASGE agrees to provide endorsement. The ASGE International Committee reviews and approves all conferences for endorsement.

Conference Title:			
Dates:		Location:	
Total expected attendance:		Conference Website:	
Sponsoring Organization (please spell out full name)			

Domestic (USA) International

Name:
 Title:
 Organization:
 Address:
 Phone:
 Fax:
 Email:

- | | | |
|---|-----|----|
| Is the major educational focus of the program relevant to GI endoscopists? | Yes | No |
| Is at least one ASGE member on the planning committee and/or faculty for the course? | Yes | No |
| Did your organization formally consider diversity of faculty during the planning process? | Yes | No |
| Is the program compatible with ASGE practice guidelines? | Yes | No |
| Is this program designed for educational (i.e., not promotional) purposes? | Yes | No |
| Will the presentations uphold the highest standards of endoscopic practice based on currently available evidence? | Yes | No |
| Will this program preserve patient privacy and confidentiality of medical records? | Yes | No |
| Are you willing to share a list of the names and addresses of course participants?
<i>IF YES, mailing list must include: first and last name, designation, institution, mailing address and email address</i> | Yes | No |
| Will this course include any live demonstrations on patients?
<i>IF YES, the Live Demonstration Course Endorsement Form must be submitted with this application.</i> | | |
| Will the conference be conducted principally in English? | Yes | No |
| Are you expecting, and targeting, a multinational audience of participants for your conference? | Yes | No |
| Attached to this application is the following: Course literature including a draft of the course brochure and course objectives, faculty in attendance and/or promotional materials. | Yes | No |

Please continue on the next page.

Please return this form, along with supporting materials, to endorsements@asge.org
 or fax to ASGE c/o Endorsements at 630-573-0691.

Please indicate your agreement with the following:

The ASGE logo will be used in accordance with ASGE graphic standards	Agree	Disagree
ASGE assumes no financial responsibility or liability for the program	Agree	Disagree
This endorsement only applies to this single activity and must be renewed for future activities	Agree	Disagree
If approved, my organization is prepared to pay a fee of \$3,500 USD for international endorsement, which includes the ASGE endorsement logo, a mention in the ASGE Digest member newsletter, and promotion of the course on the ASGE website. In the event this activity is canceled, refunds will not be issued, nor will the application fee be transferred to any future courses.	Agree	Disagree
ASGE does NOT provide CME joint sponsorship with international organizations or financial sponsorship for ASGE members to attend non-ASGE events as participants or faculty.	Agree	Disagree

Please submit any available information about your activity, including program, faculty and/or promotional materials. The course director must sign below to confirm the accuracy of the information included, and agreement with the above conditions if the activity is approved.

Signature

I confirm the accuracy of this information included, and agreement with the above conditions if the activity is approved.

Program Course Director Signature

Date

Please return this form, along with supporting materials, to endorsements@asge.org
or fax to ASGE c/o Endorsements at 630-573-0691.



ASGE Live Demonstration Course Endorsement Form

ASGE has recently updated its policies related to sponsorship and endorsement of activities that include live demonstrations. These courses are still eligible for ASGE endorsement. However, ASGE has developed guidelines and policies to help maximize patient safety and participant learning. The purpose of this form is to indicate your agreement to comply with the guidelines as they are listed below.

Conference Title:			
Dates:		Location:	
Course Director:		Conference Website:	
Sponsoring Organization			

Please indicate whether your activity is in compliance with the following guidelines:

Yes No The intent of the live demonstration is to educate and disseminate knowledge, technology, and technique to the audience.

Yes No Procedures are conducted by the patient’s own local physician and/or that physician is directly involved with the procedure.

If NO, Please check all that apply:

Outside faculty has only been asked to do a procedure if expertise to perform the procedure is not available locally.

If outside faculty does perform a procedure, they will review all pertinent records and establish a physician patient relationship prior to undertaking the procedure.

Yes No Patients will be informed that they are participating in a live course and the consent form reflects that they agree to participate as is customary with local institutional policy.

Yes No The necessary regulatory and legal processes have been or will be completed such that all participating members are vetted and have institutional privileges, issues of malpractice insurance are in place, and all physicians are in compliance with institutional, local, state, and federal requirements.

Yes No A patient ombudsman will be determined prior to the start of each program. This individual is responsible for serving as an advocate for the patient, and should be present throughout the live demonstration procedure.

Yes No Should a conflict arise between the individual performing the procedure and the course director, panelists, and/or patient ombudsman, the case will be immediately delayed and removed from live transmission until a consensus is reached.

Yes No An alternative room and/or back-up video cases will be available in case any live procedure must be stopped for any reason.

Program Course Director Signature

Date

Please return this form along with the endorsement application and supporting materials to endorsements@asge.org or fax to ASGE c/o Endorsements at 630-573-0691.