

FASGE Recommendation Form

Instructions: Indicate your level of agreement with each statement based on your knowledge of the candidate's performance in each area.

FASGE Candidate Name				
Your Name Do	esignation:	□ FASGE	□ MASGE	□ No Designation
Title				
Institution Name				
Email I	Phone Numb	oer		
For more information on the criteria for FASGE v	isit the <u>FASG</u>	E Website		
Relationship to Applicant				
How long have you known the applicant?				
\Box Less than 1 year \Box 1-3 years \Box 4	4-6 Years 🗆 N	More than	6 years	
In what capacity have you worked with the appli	cant?			
\Box Supervisor \Box Colleague \Box Ment	tor 🗆 Trainee	(e.g., stud	ent/residen	t/fellow)

□ Other: _____

Evaluation of the Applicant

Please evaluate the applicant in the following areas based on the ASGE Fellow requirements, reflecting your experience and interactions with them.

Scale:

1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strong Agree, N/A = Non-Applicable

Criteria	1	2	3	4	5	NA
Provides service and contributions to ASGE						
Demonstrates a strong clinical competence in						
gastroenterology						
Demonstrates leadership in gastroenterology						
Commitment to education and teaching in endoscopy						
Research contributions in gastroenterology						
Innovation in endoscopy techniques						
Upholds professional and ethical standards						
Possesses Interpersonal qualities with patients and						
professionals						
Displays an overall impact on the field of gastroenterology						

Please comment on how the applicant has made significant scientific contributions to gastrointestinal endoscopy, significant contributions to education, service to ASGE, or contributions to endoscopy at the local level beyond the individual's practice gastroenterology.

By completing this recommendation form, I affirm that my responses reflect an honest and accurate assessment of the candidate's qualifications, competencies, and character. I understand that my input is critical in evaluating the candidate's suitability for becoming a Fellow of ASGE and attest that the information provided here is given to the best of my knowledge.

Signature: _____ Date: _____

American Society for Gastrointestinal Endoscopy