



Application for International Fellow of the American Society for Metabolic and Bariatric Surgery (IFASMBS)

The designation of “**International Fellow of the American Society for Metabolic and Bariatric Surgery (IFASMBS)**” may be bestowed upon an International Member in good standing who presents evidence acceptable to the Society of active participation in a program of periodic, verifiable report of bariatric surgery outcomes data as approved by the Society.

The designation of **IFASMBS** shall be for a period of two years and may be renewed for additional two-year terms contingent on the Member’s continued participation in an approved outcomes data reporting program and maintenance of eligible member status. The designation may be withdrawn prior to the end of the two-year term in the event the Member’s participation in an approved outcomes data reporting program terminates, or in the event the Member is found to have falsified data.

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____ **Country:** _____

Phone _____ **Email:** _____

Please initial by applicable statement(s) and complete any required ID numbers:

_____ I am an International Member of the ASMBS.

Outcomes Data Reporting Program Information

- _____ I am currently designated as an ICE or COE in the ICE program or other COE program administered by SRC in Brazil, Mexico or India and I utilize BOLD (ID# 300_____).
- _____ I am currently an applicant in the ICE program or other COE program administered by SRC in Brazil, Mexico or India and I utilize BOLD (ID# 300_____).
- _____ I plan to apply to the ICE program or other COE program administered by SRC in Brazil, Mexico or India and I plan to utilize BOLD.
- _____ I am currently an ACS Accredited Bariatric Center and utilize NSQIP*
- _____ I plan to apply to the ACS BSCN Accreditation Program, and I will be utilizing NSQIP*
- _____ I utilize a bariatric surgery outcomes date reporting program in my home country*: _____

*Requires verification of participation in a program, please include with the application.

_____ I agree to submit data on all bariatric surgeries I perform to an approved outcomes data reporting program. Failure to submit the required data will terminate my status as an International Fellow of the American Society for Metabolic and Bariatric Surgery (IFASMBS). Designation as an IFASMBS is contingent upon my providing proof of acceptance and continued participation (data being entered) in the outcomes data reporting program indicated above. If **BOLD** is not currently available in my country, I agree to register and utilize the program upon its availability.

Print Name: _____

Signature: _____ **Date:** _____

Application Fee: \$50.00

Method of Payment (in U.S. Funds): <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express				
Card Number:			Expiration Date:	
Cardholder Name (Print Name):				
Billing Address:				
City:	State:		Zip Code:	
Signature:				