



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

The designation of "Fellow of the American Society for Metabolic and Bariatric Surgery" may be bestowed upon a Regular 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 FASMBS 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 The designation may be withdrawn prior to the end of the two-year term in the event the Member's participation in an approved outcomes data reporting program terminates, or in the event the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 _____ **Fax:** _____ **Email:** _____

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

_____ I am a Regular Member of the ASMBS.

Outcomes Data Reporting Program Information

_____ I am currently designated as an ASMBS Bariatric Surgery Center of Excellence through Surgical Review Corporation (SRC), and I utilize BOLD (ID# 300_____).

_____ I am currently an applicant in the ASMBS Bariatric Surgery Center of Excellence program through SRC (ID# 300_____), and I utilize BOLD.

_____ I plan to apply to the ASMBS Bariatric Surgery Center of Excellence program through SRC, and I will be utilizing 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*

***Requires verification of participation in the NSQIP 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 a Fellow of the American Society for Metabolic and Bariatric Surgery (FASMBS). Designation as a FASMBS is contingent upon my providing proof of acceptance and continued participation (data being entered) in the outcomes data reporting program indicated above.

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:				

**Submit Application to Barbara Peck, Member and IH Services Manager:
ASMBS, 100 SW 75th Street, Suite 201, Gainesville, FL 32607 or Fax: 352-331-4975**