



FULL MEMBERSHIP APPLICATION

Requirements for Full Membership Applicants **Requirements for American Certified Full Membership**

Full membership may be conferred by the SGO Council on an individual fully licensed to practice medicine in his or her country of residence, of high moral, ethical and professional standing and be certified by one of the following boards:

1. Certified in Gynecologic Oncology by the American Board of Obstetrics and Gynecology (ABOG);
2. Certified in Medical Oncology by the American Board of Internal Medicine (ABIM);
3. Certified in Pathology by the American Board of Pathology (ABP);
4. Certified in Radiation Oncology by the American Board of Radiology (ABR).

All candidates must satisfy the following qualifications:

- i) Training in their respective field from an accredited residency or fellowship program.
- ii) A minimum of one year active practice, with adequate experience in their respective field, and provide either primary or consultative care to patients with gynecologic cancers or disease.
- iii) Demonstration and verification of competence in pathology, gynecologic oncology, medical oncology or radiation oncology according to standards determined by the SGO Council and evaluated by the Membership Committee.

Requirements for International Full Membership

International Members seeking full membership in SGO must satisfy the following requirements:

1. Must be a SGO International Member
2. Must submit two (2) letters of recommendation: one from a SGO Full member and a second from an endorser within the country of applicant's practice
3. Must have six (6) years practicing in the spectrum of gynecologic oncology from residency OR practicing three (3) years from fellowship
4. More than 50 percent of his/her cases must be in the field of gynecologic oncology
5. Exhibit evidence of scholarship (national and/or international) in any of the following:
 - i) Leadership,
 - ii) Publications, or
 - iii) Presentations

Instructions

1. Complete the enclosed application form and attach the following:
 - a. Application fee of \$75.00 (USD). Checks should be made out to **SGO**.
 - b. Passport size photograph.
 - c. A copy of the certificate or letter from the certifying board verifying board certification.
 - d. Two (2) letters of recommendation; at least one from an active member of SGO.
 - e. Copy of CV (should include publications and presentations.)
 - f. Only completed applications will be accepted.
 - g. Dues in the amount of \$500.00 (USD) will be invoiced upon membership approval.
2. **Failure to follow these guidelines exactly will cause your application to be returned in order to obtain compliance, and may delay approval of your application.**
3. Send completed applications by **July 31st** to:
Society of Gynecologic Oncology
230 W. Monroe Street, Suite 710
Chicago, IL 60606-4703 USA

or e-mail to: membership@sgo.org

PERSONAL INFORMATION

Name	
Gender <input type="radio"/> Male <input type="radio"/> Female	Date of Birth
Place of Birth	
Citizenship	
Title	
Institution	
MAILING ADDRESS	
Street	
City	
State/Province	
Country	Postal Code
Phone Number (Country Code + City Code + Number)	
FAX (Country Code + City Code + Number)	
Email	
Country or Countries where licensed	
Evidence of membership in a pathology, gynecologic oncology, medical oncology or radiation oncology professional society in your country	
GYNECOLOGIC ONCOLOGY GROUP (GOG) GYNECOLOGIC CANCER INTER GROUP (GCIG)	
Clinical trial team member? <input type="radio"/> Yes <input type="radio"/> No	
Institution Name	
PROFESSIONAL DESIGNATION	
<input type="radio"/> MD <input type="radio"/> DO <input type="radio"/> MBBS <input type="radio"/> Other _____	
PROFESSION	
<input type="radio"/> Gynecologic Oncologist <input type="radio"/> Medical Oncologist <input type="radio"/> Pathologist <input type="radio"/> Radiation Oncologist	

PROFESSIONAL QUALIFICATIONS

University/College	
Degree	Date
Medical School	
Degree	Date
Residency	
Degree	Date
Fellowship	
Degree	Date
SPONSORS	
1	
2	
LICENSURE	
Number	State or Province, Country
Board Certification	
ACADEMIC APPOINTMENTS	
1	
2	
HOSPITAL AFFILIATIONS (Provide names and addresses)	
1	# of Cases Last Year
2	# of Cases Last Year
Any investigations pending? <input type="radio"/> Yes <input type="radio"/> No	
Any license revocations or restrictions? <input type="radio"/> Yes <input type="radio"/> No	
Any felony convictions? <input type="radio"/> Yes <input type="radio"/> No	
DISEASE SITE SPECIALTIES (Check all that apply)	
<input type="radio"/> Breast <input type="radio"/> Cervical <input type="radio"/> Endometrial <input type="radio"/> Fallopian <input type="radio"/> Ovary <input type="radio"/> Uterine <input type="radio"/> Vaginal <input type="radio"/> Vulvar	
PROFESSIONAL ACTIVITIES Please indicate your current professional activities and the percentage of time you dedicate to each. (Total must be 100%)	
Current specific daily gynecologic oncology-related professional activities	_____%
Current specific daily non-gynecologic oncology related professional activities	_____%
Total	100%
<input type="radio"/> Clinical <input type="radio"/> Basic Research <input type="radio"/> Both	
Academic Title	
Institution	
PRACTICE LOCATION (Choose from the list below)	
<input type="radio"/> Academic Medical Center/University <input type="radio"/> Private Practice (Office or Hospital based) <input type="radio"/> Government Agency <input type="radio"/> Pharmaceutical/Biotechnology Company <input type="radio"/> Administration <input type="radio"/> Laboratory Research	

In furtherance of my application for membership in the Society of Gynecologic Oncology (SGO), I hereby authorize the evaluation and validation of my credentials by SGO in accordance with and subject to the rules and procedures of the SGO.

I request and authorize any hospital, medical staff, medical organization or individual who may have information (including, but not by way of limitation, medical records, patient records, and reports of committees) which they deem relevant to my fitness for membership in SGO to provide such information to SGO.

I hereby release from liability and waive any claim for damages that I may have against SGO, its officers, directors, members, employees and agents for any acts that they may perform in good faith in connection with my application, and any hospital, medical staff, medical organization or individual supplying information with respect to my application.

I understand that the decision as to whether I am qualified to be submitted to SGO membership for election rests solely and exclusively in the SGO Council, and that its decision is final.

I attest that the information presented in this application is truthful and accurate.

Please place photograph here

Signature	Date
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PAYMENT METHOD	
<input type="radio"/> Check Enclosed payable to SGO	Please charge my Credit Card <input type="radio"/> Visa <input type="radio"/> MasterCard <input type="radio"/> American Express
Name as it appears on card	
Card Number:	
Card Security Code	Expiration Date (MM/YY)
<input type="radio"/> I authorize the use of my credit card for the following charges. <input type="radio"/> Application Fee \$75.00 USD	
Card Holder Signature	Date

CREDIT CARD BILLING ADDRESS	
Street	
City	
State/Province	
Country	Postal Code

SUBMIT
Click here to submit to membership@sgo.org