



## INTERNATIONAL MEMBERSHIP APPLICATION

### **Requirements for International Membership Applicants**

International membership may be conferred by the SGO Council on physicians and scientists with a doctoral degree who devote a substantial portion of their clinical time to gynecologic oncology and who reside in a country outside the United States.

1. Members shall either be gynecologic oncologists board certified by a board recognized by the SGO Council as being of equivalent rank to the American Board of Obstetrics and Gynecologic (ABOG); OR
  2. Hold membership in the Gynecologic Cancer Intergroup (GCIG); OR
  3. A practicing physician, other than a Gynecologic Oncologist, who by training or experience is comparable to a US Board Certified Medical Oncologist, Pathologist or Radiation Oncologist.
- 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, such experience to be determined by the SGO Council and evaluated by the Membership Committee.
  - 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.

### **Pathway to Full Membership**

International members seeking Full membership in SGO must satisfy the following requirements:

1. Must be an SGO International Member.
2. Must submit two (2) letters of recommendation: One from an 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 \$400.00 (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. Main deadline: July 31st

*Applications are accepted throughout the year as needed*

4. Send completed applications to:  
**Society of Gynecologic Oncology**  
**230 W. Monroe Street, Suite 710**  
**Chicago, IL 60606-4703 USA**

or e-mail to: [membership@sgo.org](mailto:membership@sgo.org)

**PERSONAL INFORMATION**

Name	
Gender <input type="radio"/> Male <input type="radio"/> Female	Date of Birth ____/____/____
Place of Birth	
Citizenship	
Title	
Institution	
<b>MAILING ADDRESS</b>	
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	
Board Certified? <input type="radio"/> Yes <input type="radio"/> No	Date Certified
Specify Certifying Board	
Evidence of membership in a pathology, gynecologic oncology, medical oncology or radiation oncology professional society in your country	
<b>GYNECOLOGIC ONCOLOGY GROUP (GOG) / GYNECOLOGIC CANCER INTER GROUP (GCIG)</b>	
Clinical trial team member? <input type="radio"/> Yes <input type="radio"/> No	Institution Name
<b>PROFESSION</b>	
<input type="radio"/> Gynecologic Oncologist	<input type="radio"/> Radiation Oncologist
<input type="radio"/> Medical Oncologist	<input type="radio"/> Geneticist
<input type="radio"/> Pathologist	<input type="radio"/> Surgical Oncologist
<input type="radio"/> PhD	<input type="radio"/> Veterinarian
<b>PROFESSIONAL DESIGNATION</b>	
<input type="radio"/> MD	<input type="radio"/> DO
<input type="radio"/> Other _____	<input type="radio"/> DVM
	<input type="radio"/> MBBS

**PROFESSIONAL QUALIFICATIONS**

University/College	
Degree	Date
Medical School	
Degree	Date
Residency	
Degree	Date
Fellowship (Not mandatory)	
<b>SPONSORS</b>	
1	
2	
<b>LICENSURE or REGISTRY</b>	
Number	State
Countries where licensed	
Board Certification	
<b>ACADEMIC APPOINTMENTS</b>	
1	
2	
<b>HOSPITAL AFFILIATIONS (provide names and addresses)</b>	
1	# of Cases Last Year
2	# of Cases Last Year
Clinical Practice	
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	

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"/> <b>Check Enclosed</b> payable to SGO	<b>Please charge my Credit Card</b> <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"/> <b>Application Fee \$75.00 USD</b>	
Card Holder Signature	Date

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

If you are submitting this form electronically, please attach a digital photo to the e-mail when sending.

**SUBMIT**

Click here to submit to [membership@sgo.org](mailto:membership@sgo.org)