

AMERICAN ASSOCIATION FOR
THE STUDY OF LIVER DISEASES



CONVERTING TRAINEE MEMBERSHIP
APPLICATION

*Submission deadlines
are January 1, April 1,
July 1 and October 1*

Benefits of Membership
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Application for Membership
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Benefits of MEMBERSHIP

Whether you are a trainee or a full-time hepatologist practicing in the U.S. or abroad, there are many special benefits and services designed especially for you, including:



MEMBERSHIP

Joining AASLD means becoming a part of the leading organization committed to preventing and curing liver disease.

LEADERSHIP

Opportunities to serve as a leader in the field of hepatology, develop innovative educational programs and participate in AASLD committees and Special Interest Groups.

Committees: All AASLD committees are selected during the Call for Volunteers in January/February of each year.

Special Interest Groups (SIGs): SIG membership is a great way to increase your knowledge base and connect with colleagues from around the world who are focused on a particular aspect of hepatology.

JOURNALS

FREE subscriptions to *HEPATOLOGY* and *Liver Transplantation*, AASLD's premier journals.

HEPATOLOGY: The premier publication for hepatologists and the most cited reference on liver and biliary tract information.

Liver Transplantation: A peer-reviewed, monthly journal of the Association. The journal is co-published with the International Liver Transplantation Society, ensuring an international information exchange.

EDUCATION

Registration priority dates and discounts to The Liver Meeting[®], Digestive Disease Week[®] and other educational meetings and conferences.

The Liver Meeting[®]: The premier event in the science and practice of hepatology, this is designed for physicians, surgeons, scientists, educators, nurses, physician assistants and all other hepatology health professionals.

Postgraduate Course: Offered during The Liver Meeting[®], this two-day course is one of AASLD's flagship educational events that covers both basic and clinical topics.

Digestive Disease Week[®]: The largest gathering of clinicians, educators and researchers focusing on the digestive system. As a sponsoring society, AASLD's liver-specific sessions include: excellent liver and biliary tract programs, state-of-the-art presentations, clinical symposia, presidential plenaries and poster presentations.

Single Topic Conferences: Developed by leading hepatologists, Single Topic Conferences focus on the most current and critical topics in liver disease in the areas of basic and clinical research.

GRANTS & AWARDS

AASLD supports research and career development awards in advanced/transplant hepatology, clinical hepatology and basic and translational research.

...AND MORE!

Application for Converting Trainee Membership

CONVERTING TRAINEE APPLICANTS CRITERIA:

Current Trainee and International Trainee members wanting to continue their membership with AASLD.

- Completion of a doctoral level training program or equivalent.

And at least one of the remaining three criteria for membership (check all that apply):

- At least two publications (including accepted abstracts) related to liver disease.
- An academic faculty appointment.
- Prior attendance at one AASLD Annual Meeting (The Liver Meeting*). Year: _____

APPLICANT INFORMATION:

FIRST	MI	LAST	DEGREE(S) (MD, PhD, etc.)
ORGANIZATION		TITLE	
MAILING ADDRESS <input type="checkbox"/> Business <input type="checkbox"/> Residential (Please check one)			
CITY	STATE/PROVINCE	ZIP/POSTAL CODE	COUNTRY
BUSINESS PHONE	CELL PHONE	BUSINESS FAX	
E-MAIL (Please print clearly)		DATE OF BIRTH (mm/dd/yyyy)	

PROFESSIONAL REFERENCES:

Names of two professional references from current AASLD members or one AASLD member and a Program Director. Non-member references would be required to submit a letter of recommendation (contact the central office if assistance is needed finding members in your area):

1.	FIRST	MI	LAST	E-MAIL (Please print clearly)
2.	FIRST	MI	LAST	E-MAIL (Please print clearly)

TRAINING AND BACKGROUND INFORMATION:

<p>1. Primary area(s) of specialty (check all that apply):</p> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Hepatology</td> <td><input type="checkbox"/> Immunology</td> </tr> <tr> <td><input type="checkbox"/> Gastroenterology</td> <td><input type="checkbox"/> Infectious Disease</td> </tr> <tr> <td><input type="checkbox"/> Clinical Pharmacology</td> <td><input type="checkbox"/> Internal Medicine</td> </tr> <tr> <td><input type="checkbox"/> Epidemiology/Public Health</td> <td><input type="checkbox"/> Liver Transplantation</td> </tr> <tr> <td><input type="checkbox"/> Pathology</td> <td><input type="checkbox"/> Surgery</td> </tr> <tr> <td><input type="checkbox"/> Pediatrics</td> <td><input type="checkbox"/> Virology</td> </tr> <tr> <td><input type="checkbox"/> Radiology</td> <td><input type="checkbox"/> Science</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other _____</td> </tr> </table> <p>2. Are you currently certified in, or in the process of obtaining certification in, any of the following?</p> <p><input type="checkbox"/> Gastroenterology <input type="checkbox"/> Transplant Hepatology <input type="checkbox"/> Other _____</p>	<input type="checkbox"/> Hepatology	<input type="checkbox"/> Immunology	<input type="checkbox"/> Gastroenterology	<input type="checkbox"/> Infectious Disease	<input type="checkbox"/> Clinical Pharmacology	<input type="checkbox"/> Internal Medicine	<input type="checkbox"/> Epidemiology/Public Health	<input type="checkbox"/> Liver Transplantation	<input type="checkbox"/> Pathology	<input type="checkbox"/> Surgery	<input type="checkbox"/> Pediatrics	<input type="checkbox"/> Virology	<input type="checkbox"/> Radiology	<input type="checkbox"/> Science	<input type="checkbox"/> Other _____		<p>3. If you had GI training, in what year did you complete your training?</p> <p>_____</p> <p>4. Do you consider AASLD your primary medical membership organization?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Other medical association affiliations (check all that apply):</p> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> AANP</td> <td><input type="checkbox"/> ACP</td> <td><input type="checkbox"/> ASCI</td> </tr> <tr> <td><input type="checkbox"/> AAP</td> <td><input type="checkbox"/> AGA</td> <td><input type="checkbox"/> ASGE</td> </tr> <tr> <td><input type="checkbox"/> AAPA</td> <td><input type="checkbox"/> AHPBA</td> <td><input type="checkbox"/> AST</td> </tr> <tr> <td><input type="checkbox"/> ACG</td> <td><input type="checkbox"/> AMA</td> <td><input type="checkbox"/> ASTS</td> </tr> <tr> <td><input type="checkbox"/> EASL</td> <td><input type="checkbox"/> NAS</td> <td><input type="checkbox"/> SSAT</td> </tr> <tr> <td><input type="checkbox"/> IDSA</td> <td><input type="checkbox"/> NASPGHAN</td> <td><input type="checkbox"/> USCAP</td> </tr> <tr> <td><input type="checkbox"/> ILTS</td> <td><input type="checkbox"/> SGNA</td> <td></td> </tr> <tr> <td><input type="checkbox"/> IOM</td> <td colspan="2"><input type="checkbox"/> Other(s) _____</td> </tr> </table>	<input type="checkbox"/> AANP	<input type="checkbox"/> ACP	<input type="checkbox"/> ASCI	<input type="checkbox"/> AAP	<input type="checkbox"/> AGA	<input type="checkbox"/> ASGE	<input type="checkbox"/> AAPA	<input type="checkbox"/> AHPBA	<input type="checkbox"/> AST	<input type="checkbox"/> ACG	<input type="checkbox"/> AMA	<input type="checkbox"/> ASTS	<input type="checkbox"/> EASL	<input type="checkbox"/> NAS	<input type="checkbox"/> SSAT	<input type="checkbox"/> IDSA	<input type="checkbox"/> NASPGHAN	<input type="checkbox"/> USCAP	<input type="checkbox"/> ILTS	<input type="checkbox"/> SGNA		<input type="checkbox"/> IOM	<input type="checkbox"/> Other(s) _____	
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TRAINING AND BACKGROUND INFORMATION continued:

6. What is your primary professional role?

- Trainee Pharma/Industry Rep
 Mid-level Provider Physician (non-surgery)
 Scientist Physician (surgery)
 Other

7. What one term best describes your professional activities?

- Administration Basic Research Clinical Research
 Education/Training Patient Care Pharma/Industry Rep

8. If you conduct research, is your research funded by: (check all that apply)

- National Institutes of Health (NIH) Other Federal/State Agencies
 Non-profit/Foundation/Philanthropy Institutional Funding
 Industry Other _____

9. In which liver research and/or clinical areas(s) do you specialize?

(check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Acute Liver Failure | <input type="checkbox"/> Metabolic and Genetic Disease |
| <input type="checkbox"/> Biliary Biology | <input type="checkbox"/> Alpha-1 Antitrypsin |
| <input type="checkbox"/> Cholestatic and Autoimmune Liver Diseases | <input type="checkbox"/> Hemochromatosis |
| <input type="checkbox"/> Autoimmune Liver Disease | <input type="checkbox"/> Wilson Disease |
| <input type="checkbox"/> Cholestasis | <input type="checkbox"/> Non-B Non-C Viral Hepatitis |
| <input type="checkbox"/> PBC/PSC | <input type="checkbox"/> Portal Hypertension and |
| <input type="checkbox"/> Healthcare Delivery/Quality/Effectiveness | Complications of Cirrhosis |
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Ascites |
| <input type="checkbox"/> Hepatitis C | <input type="checkbox"/> Varices |
| <input type="checkbox"/> Hepatobiliary Neoplasia | <input type="checkbox"/> Steatosis and Steatohepatitis |
| <input type="checkbox"/> Hepatocellular Carcinoma | <input type="checkbox"/> Alcoholic Liver Disease |
| <input type="checkbox"/> Hepatotoxicity | <input type="checkbox"/> Non-Alcoholic Fatty |
| <input type="checkbox"/> Inflammation and Immunobiology | Liver Disease |
| <input type="checkbox"/> Liver Fibrogenesis and Non-parenchymal | |
| Cell Biology | |

10. If you are a healthcare provider, how long have you been in practice?

- Less than 5 years 5-10 years 11-20 years 20+ years

11a. Do you have an academic appointment? Yes No

11b. If yes, what is your academic title/equivalent position?

- Assistant Professor Associate Professor
 Instructor Professor
 Trainee Other _____

12. If you are a healthcare provider, what is your practice setting?

- Academic Non-academic

13. Are you formally linked to a transplant center? Yes No

14. What percentage of your time is spent in patient care?

- 100% 75% 50% 25% Research Only N/A

15. What percentage of your practice is devoted to liver disease?

- 100% 75% 50% 25% Less than 25%

16. If 50% or more of your practice is devoted to liver disease, what percentage of that time is spent specifically on liver transplant patients?

- 100% 75% 50% 25% Less than 25%

17. Which of the following U.S. Census categories best describes your race?

(Please check only one)

- | | |
|--|---|
| <input type="checkbox"/> White alone | <input type="checkbox"/> Asian alone |
| <input type="checkbox"/> Black or African American alone | <input type="checkbox"/> Hispanic or Latino alone |
| <input type="checkbox"/> American Indian, Alaskan Native alone | <input type="checkbox"/> Native Hawaiian, other Pacific |
| <input type="checkbox"/> Two or more races | Islander alone |

18. Do you want to be referred by AASLD and/or ALF to potential patients?

- Yes No

19. Please exclude my name and e-mail address from mailing lists purchased by organizations outside AASLD including sister societies such as ALF, AGA, etc.

- Yes No

20. By signing below I agree to receive faxes and e-mails sent by AASLD as related to my membership and membership benefits.

Signature

Date

Printed Name: _____

SUPPORTING DOCUMENTATION TO ACCOMPANY THIS APPLICATION:

- One copy of applicant's CV.
 Two professional references from current AASLD members or one AASLD member and a letter from a Program Director. (Contact the central office if assistance is needed finding members in your area.)
 One-page statement regarding applicant's commitment to the science and practice of hepatology.

Please mail, e-mail or fax both sides of this form.