



International Advanced Endoscopy Fellowship Program

Application Form

E-mail this completed application and attachments (see below) to: IESFellowshipCoord@sutterhealth.org.

Applying for:

Academic year _____ Spring/Summer/Fall/Winter (Circle one)

General Information

Name: (Last, First Middle) _____

Mailing Address: (Street, City, Zip, Country) _____

Permanent Address: _____

E-mail: _____

Current Phone Numbers: (daytime, evening, mobile) _____

U.S. Phone Number (if applicable): _____ **Date of Birth:** (mm/dd/yyyy) _____

Place of Birth: _____ **Citizenship:** _____

Size of scrubs (top and bottom): _____

Medical Education

Medical School(s) Please include City, State, Country, Month/Year of Matriculation, Month/Year of Graduation

Postgraduate Training: Please include Name(s) of Hospital City, State, Country, Start Date & Completion Date

Post-Training Job Experience: Please include Name(s) of Hospital City, State, Country, Start Date & Completion Date

Personal Statement and Training Goals:

Please include a separate page with a brief personal statement and a description of your training goals for the International Advanced Endoscopy Fellowship Program. Your personal statement and training goals should be no longer than one typed page.

Foundational Training and Independent Experience in EUS and ERCP

- Applicants should have a strong foundation in diagnostic EUS (including tissue sampling) and ERCP (e.g., cannulation, sphincterotomy, biliary stone extraction, and stent placement) under formalized supervision.
- Following training, candidates should have independently performed **diagnostic EUS** and **ERCP** procedures as the primary operator.
- Documentation of Foundational Training required

Procedures Performed (*Check all that apply*)

Upper GI Procedures

<i>Variceal Banding:</i>	<input type="checkbox"/> None	<input type="checkbox"/> 1 – 9	<input type="checkbox"/> 10 - 20	<input type="checkbox"/> >20
<i>EMR/ESD:</i>	<input type="checkbox"/> None	<input type="checkbox"/> 1 – 9	<input type="checkbox"/> 10 - 20	<input type="checkbox"/> >20
<i>Stents:</i>	<input type="checkbox"/> None	<input type="checkbox"/> 1 – 9	<input type="checkbox"/> 10 - 20	<input type="checkbox"/> >20
<i>EUS:</i>	<input type="checkbox"/> None	<input type="checkbox"/> 1 – 9	<input type="checkbox"/> 10 - 20	<input type="checkbox"/> >20
ERCP:	<input type="checkbox"/> None	<input type="checkbox"/> 1 – 19	<input type="checkbox"/> 20 - 50	<input type="checkbox"/> >50
<i>Sphincterotomy:</i>	<input type="checkbox"/> None	<input type="checkbox"/> 1 – 19	<input type="checkbox"/> 20 - 50	<input type="checkbox"/> >50
<i>Stone extraction:</i>	<input type="checkbox"/> None	<input type="checkbox"/> 1 – 19	<input type="checkbox"/> 20 - 50	<input type="checkbox"/> >50
<i>Stenting:</i>	<input type="checkbox"/> None	<input type="checkbox"/> 1 – 19	<input type="checkbox"/> 20 - 50	<input type="checkbox"/> >50

Lower GI Procedures

<i>Polypectomy:</i>	<input type="checkbox"/> None	<input type="checkbox"/> 1 – 19	<input type="checkbox"/> 20 - 50	<input type="checkbox"/> >50
<i>EMR/ESD:</i>	<input type="checkbox"/> None	<input type="checkbox"/> 1 – 19	<input type="checkbox"/> 20 - 50	<input type="checkbox"/> >50
<i>EUS:</i>	<input type="checkbox"/> None	<input type="checkbox"/> 1 – 19	<input type="checkbox"/> 20 - 50	<input type="checkbox"/> >50

Video Submissions Demonstrating Technical Aptitude

- **EUS Video:** A narrated video showcasing a complete upper EUS exam, including a systematic assessment of normal anatomy.
- **ERCP Video:** A narrated video of a “bread-and-butter” case (e.g., stone extraction, stricture management, or leak repair) performed from start to finish.

These criteria are intended to ensure candidates have not only the procedural experience but also comprehensive training in diagnostic EUS and ERCP. This includes a thorough understanding of normal anatomy and systematic procedural techniques.

References

List those whom you have requested to submit a letter of recommendation Please include Name/Title & Institution

1. _____
2. _____
3. _____

I certify that the information submitted on this application is correct to the best of my knowledge. I understand any misleading or false information may disqualify my application.

Signature_____

Date_____

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Eligibility Requirements:

The candidate for the International Advanced Endoscopy Fellowship Program is required to meet the following eligibility requirements and provide appropriate documentation.

- Medical School diploma
- Diploma for medical or surgical subspecialty training in gastroenterology
- Diploma or letter of competency in gastrointestinal endoscopy
- License to practice medicine (in the home country)
- Fluency in English
- Curriculum Vitae
- Letter from Ministry of Health stating fellow is in good standings
- Ability to self-fund living costs in San Francisco for the entire program's term (there is no housing or food stipend/funding available for this program)

Application Process:

To apply to this program, complete the Application for the International Advanced Endoscopy Fellowship Program. E-mail your completed application form to IESFellowshipCoord@sutterhealth.org in addition to the following requested items:

- Medical school diploma
- Diploma for medical or surgical subspecialty training in gastroenterology
- Diploma or letter of competency in gastrointestinal endoscopy
- License to practice medicine in home country
- Letter from Ministry of Health stating good standings
- Curriculum Vitae
- 1 typed page outlining your training goals and your personal statement
- EUS Video: A narrated video showcasing a complete upper EUS exam, including a systematic assessment of normal anatomy.
- ERCP Video: A narrated video of a "bread-and-butter" case (e.g., stone extraction, stricture management, or leak repair) performed from start to finish.
- 3 letters of recommendation
- Headshot Photograph of yourself (white background)