

# Fellow Application - 2025 Appointments

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## **AAGL Fellowship in Minimally Invasive Gynecologic Surgery (FMIGS)**

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### **Fellow Application - 2025 Appointment**

2025 - 2027 (Two-Year Program)

2025 - 2028 (Three -Year Program)

All sections of the form applicable to the applicant must be completed in order to be accepted for review. For items that do not apply, indicate N/A in the space provided. If any requested information is not available, an explanation should be provided in the appropriate place on the form or as an attachment.

Before completing this application, please review the following FMIGS Documents.

Program Requirements <https://bit.ly/3MHNtjA>

Anti-Harassment Policy <https://bit.ly/2sJipsN>

Your initial application should be submitted simultaneously with the application fee of \$350.00. **The application fee is non-refundable.** Deadline to submit application is **May 1, 2024**. Below are the important FMIGS dates.

- May 1, 2024: Deadline to Submit Applications
- May 8, 2024: Application Distribution to Programs
- May 24, 2024: First Wave of Interview Notifications
- June 1, 2024: Deadline for Candidates to Accept/Decline Interview Invitation
- June 3, 2024: Second Wave of Interview Notifications

Payment must be submitted **after** you have completed the application form. Once payment is submitted, no changes can be made. The applicant is responsible for the accuracy of the information supplied in this form. Incomplete applications, including incorrect or missing signatures, will not be accepted. **Please review your application before submission. After submission, no additional documents nor changes will be accepted.**

A description of the individual sites, for fellowship training, can be found at the Fellowship web page <https://aagl.org/fmigs-programs/>

## Application Information/Requirements

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### Eligibility to be a Candidate for a Fellowship:

1. The MIGS candidate must have completed one of the following:
  - a. Graduate of a medical school in the United States or Canada accredited by the Liaison Committee on Medical Education (LCME).
  - b. Graduate of a college of osteopathic medicine in the United States accredited by the American Osteopathic Association (AOA).
  - c. Graduate of a medical schools outside the United States and Canada who meet, as of the date of graduation therefrom, meet all of the following qualifications:
    - i. Received a currently valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG);

- ii. Be eligible for an unrestricted license to practice medicine in a U.S. licensing jurisdiction;
- iii. Complete an RRC approved obstetrics and gynecology residency or the equivalent.

**Interviewing and Matching Fellow to Fellowship Site:**

As part of the application process, please select one or more programs to apply. Once your application is complete, it will be provided to those programs. Fellowship programs will contact you directly to schedule an interview. Not all applicants will be interviewed; interviews will be determined at the sole discretion of each FMIGS Program. Please do not contact the FMIGS Board administrative office to inquire about interviews. Fellowship interviews are typically conducted throughout the summer and early autumn. The FMIGS match is conducted through the National Residency Matching Program (NRMP). You will be required to register for the match on the NRMP website ([www.nrmp.org](http://www.nrmp.org)). Below, please see important NRMP dates:

- June 2024 – Match Opens
- July 2024 – Rank Opens
- August 2024 – Quota Deadline
- September 2024 – Rank Closes
- September 2024 – Match Day

**The following documents must be included with your application by May 1, 2024. Incomplete applications will be distributed. Any missing documents must be provide by the fellow candidate during interviews.**

1. Digital, high resolution, headshot photo (300 dpi). Headshot photos will be forwarded to the programs, after an interview has been offered. These photos will be used for AAGL/FMIGS media platforms.
2. Curriculum Vitae which includes your educational pedigree, all abstracts presentations at regional and national meetings, publications, honors, awards and achievements.
3. Three letters of reference. One letter should be from your residency director. The letters of reference must be submitted directly to the Fellowship office by e-mail: [fmigs@aagl.org](mailto:fmigs@aagl.org). Letters should be addressed to *Program Director or To Whom It May Concern*. Additional letters may be submitted. Letters must be submitted by no later than May 1, 2024.
4. Your residency ACGME case list brief summary (1 page).
5. Personal statement discussing your interest in pursuing MIGS training (1 page max, size 10 font/single space).
6. CREOG Scores. Include all available scores and not only the highest.
7. ECFMG certificate (if applicable)
8. TOEFL IBT certificate (if applicable)
9. Official copy of USMLE or LCCE transcript. Submit to the Fellowship office by e-mail [fmigs@aagl.org](mailto:fmigs@aagl.org) or surface mail at: 6757 Katella Avenue, Cypress, CA 90630.
10. If you are currently not a resident in training, please provide the following:
  - A description of your current practice.
  - A list of all hospital staff and teaching appointments currently held, including types of privileges.
  - A copy of your malpractice policy.

Indicate the number of letters of reference that will support your application. Please note that a minimum of three letters are required. Letters must be received by the May 1st deadline to be included with the application. \*

Upload your Curriculum Vitae \*

Browse...

Digital, high resolution, headshot photo (300 dpi). Headshot photos will be forwarded to the programs, after an interview has been offered. These photos will be used for AAGL/FMIGS media platforms. \*

Browse...

Upload ACGME Case List Summary (1 page) \*

Browse...

Upload Personal Statement (1 page max, size 10 font/single space) \*

Browse...

Upload CREOG scores. Include all available scores and not only the highest.

Browse...

Upload ECFMG certificate (if applicable)

Browse...

Upload TOEFL IBT certificate (if applicable)

Browse...

If you are currently not a resident in training, please provide the following:

1. A description of your current practice.
2. A list of all hospital staff and teaching appointments currently held, including types of privileges.
3. A copy of your malpractice policy.

Browse...

## Identification Data

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**Personal Identification data** - *If a field below does not apply, please add N/A.* \*

Name

First Name

Middle Initial

Last Name

Degree

AAMC ID#

National Provider Identifier (NPI)

Mailing Address \*

Street

City

State

Postal Code

Country

Contact Information

Mobile Number

Preferred E-mail Address

Alternative E-mail Address (non institutional)

Language(s) spoken \*

Racial and Ethnic Category (optional).

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White

**Citizenship Status: \***

Citizenship Status

- US Citizen
- US Permanent Resident
- CDN Permanent Resident
- J-1 visa
- H1-B visa
- Canadian Citizen
- Other

Are you eligible or authorized to practice in Canada? \*

- Yes
- No

Are you eligible or authorized to practice in the US? \*

- Yes
- No

EXAMPLE FORM

Please list Other. \*

Please explain why you are not eligible or authorized to work in the US.

\*

## Medical Information

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### Pre-Medical Education \*

College or University

Degree Obtained

Dates Attended

City, State, Country

### Medical Education \*

College or University

Degree Obtained

Dates Attended

City, State, Country



**Internship \***

Institution

Program Director

Specialty

Dates Attended

City, State, Country

Country

**Residency \***

Institution

Chairman/Director

Type of Residency

Dates Attended

Mailing Address

City, State, Country

EXAMPLE FORM

## Fellowship

Institution

Chairman/Director

Type of  
Fellowship

Dates Attended

City, State, Country

## Other Training

Institution

Program Director

Type of  
Training

Dates Attended

City, State, Country

## Military Service

Branch

Dates Attended

Rank

## USMLE Exam Information \*

Have you passed the USMLE Step 1 exam? \*

- Yes
- No

Have you passed the USMLE Step 2 exam? \*

- Yes
- No

Have you passed the USMLE Step 3 exam? \*

- Yes
- No

If you have not passed USMLE Step 1, please explain. \*

If you have not passed USMLE Step 2, please explain. \*

If you have not passed USMLE Step 3, please explain. \*

### Medical License Information

Current Medical License(s) \*

State(s)/Province(s) \*

Type \*

Expiration Date

State Board of Medical Examiners License Number(s): \*

Has your license to practice medicine in any jurisdiction ever been limited, suspended or revoked? \*

Yes

No

If your license was suspended or revoked, please explain. \*

**ABOG or AOBOG Board Certification Status: \***

Board Certification Status

- Current resident in training.
- Active candidate - I have completed residency and passed my written examination.
- Board Certified- I have completed residency, passed my written and oral examinations and participate in MOC. Date of original board certification:
- Other

Date of original board certification. \*

If you selected Other for Board Certification, please explain. \*

## Malpractice History

Has your professional liability insurance coverage ever been terminated or denied by action of the insurance company? \*

- N/A - Resident in Training
- Yes
- No

Have you ever been denied professional liability insurance coverage? \*

- N/A - Resident in Training
- Yes
- No

Have you ever been named as a defendant or co-defendant in a malpractice action or claim? \*

- Yes
- No

Has any judgments or settlements been made on your behalf in professional liability cases within the last five years? \*

- Yes
- No

Have any professional liability suits or claims been filed against you, which are presently pending? \*

- Yes
- No

Have you ever been refused membership on a hospital medical staff?

\*

- N/A - Resident in Training

Yes

No

Has your request for specific clinical privileges ever been denied or granted with stated limitations, or have your hospital privileges ever been suspended, revoked, or not renewed? \*

N/A - Resident in Training

Yes

No

Have you ever resigned from a hospital staff while under investigation?

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N/A - Resident in Training

Yes

No

EXAMPLE FORM

## Agreement

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### Consent to Release Information

In consideration of AAGL/FMIGS acceptance of my application to be appointed a FELLOW, I hereby:

1. Signify my willingness to appear for interviews regarding my application;
2. Authorize the PROGRAM DIRECTORS, AAGL and Fellowship Board of Directors to consult with administrators, employees, and members of the medical staffs of hospitals, medical schools, or organizations with which I have been associated with respect to my professional competence, character, and ethical qualifications;
3. Consent to the PROGRAM DIRECTORS, AAGL and Fellowship Board of Directors inspection of all records and documents, including, but not limited to, medical records at hospital, which may be material to an evaluation of my professional competence and my professional and ethical qualifications for the Endoscopic Gynecological Surgery Fellowship. If medical records are reviewed, the identity of the patient will be kept confidential;



4. Authorize the PROGRAM DIRECTORS, AAGL and Fellowship Board of Directors and their representatives to consult with my past and present professional liability insurance carriers or self-insurance trusts with respect to professional liability claims involving me; and
5. Consent to the release of information concerning me by the PROGRAM DIRECTORS, hospitals, medical schools, and organizations that are requested by the AAGL and Fellowship Board of Directors to provide information relevant to the evaluation of my application to become a FELLOW.

#### Release of Liability

In consideration of AAGL Fellowship acceptance of this application to be appointed a FELLOW, I hereby:

1. Release from liability the PROGRAM DIRECTOR, AAGL, Fellowship Board, and its employees, agents and representatives, for any and all of their professional review actions with respect to the evaluation of my qualifications, the Fellowship application process and appointment or non-appointment to become a FELLOW.
2. Release from liability all individuals and organization who provide to the PROGRAM DIRECTOR, AAGL, Fellowship Board and its individual members and their representatives, information regarding my professional competence, ethics, character, and other qualifications for an appointment as FELLOW; and

AGREE TO INDEMNIFY AND HOLD HARMLESS THE AAGL, FMIGS BOARD OF DIRECTORS, ITS INDIVIDUAL MEMBERS, AGENTS, EMPLOYEES, REPRESENTATIVES, AND ASSIGNS, FROM ANY AND ALL LIABILITY FOR

INJURY TO, IN WHOLE OR IN PART, PERSONS OR PROPERTY ARISING (1) APPLICATION FOR OR REVIEW OF MY FMIGS FELLOWSHIP, FROM THE ACTS OF THE PROGRAM DIRECTOR OR THE FELLOW DURING THE COURSE OF THE FELLOWSHIP IN MINIMALLY INVASIVE GYNECOLOGIC SURGERY, INCLUDING, WITHOUT LIMITATION, LIABILITY FOR INJURIES TO PATIENTS RESULTING FROM TREATMENT GIVEN BY PROGRAM DIRECTOR OR FELLOW, AND/OR (2) PERFORMANCE OF THE RESPONSIBILITIES OF PROGRAM DIRECTOR, FELLOW, OR FMIGS OR AAGL OR THEIR RESPECTIVE AGENTS PURSUANT TO THIS APPLICATION AND AGREEMENT.

EXAMPLE FORM

## Agreement

My application fee of \$350 will be submitted. I understand that the application fee will not be returned regardless of whether I am accepted as a FELLOW or invited to interview. In addition, I have submitted all other required documentation.

My application has been filled out to the best of my knowledge. I have read, understand and agree with the following documents:

1. **Program Requirements**
2. **Anti-Harassment Policy**
3. **Consent to Release of Information**
4. **Release of Liability**
5. **Payment**

By selecting the "I Agree" button, you are signing this document electronically and you agree that your electronic signature is the legal equivalent of your manual signature on this document.

I agree and confirm that all of the information set forth in this application, including the attachments hereto, whether submitted by me or at my request at this time or a different time, are true and correct to the best of my personal knowledge, that I will pay the application fee, as required by FMIGS policy, and that material misstatements or omissions of fact concerning the matters addressed in this application, regardless of when discovered, shall constitute grounds for dismissal from any FMIGS Fellowship and legal action to recover damages to FMIGS, AAGL, or the corresponding Fellowship Program incurred as a result of said material misstatements or omissions of fact.

The AAGL has my permission to submit information contained in this application to the sites selected for consideration. \*

I Agree – \$350.00

## Payment

**PLEASE DO NOT COMPLETE THIS PAYMENT STEP UNTIL YOU ARE READY TO  
SUBMIT YOUR APPLICATION**

Once you submit payment, you will not be able to make and changes to the application form.

## Thank You!

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Thank you for completing this application. An e-mail confirmation will be sent within 72 hours of application submission. If you do not receive an e-mail confirmation after the 72 hours, please contact the Fellowship office (714) 660-2414.

EXAMPLE FORM