



**AASLD Endorsement
APPLICATION FORM (paper version)**

Name of Organization:

Indicate Type of Organization (check box below)

Note: Lay organizations, individual universities or departments, local or city-based societies, and groups who do not have a formal structure are ineligible for endorsement.

- Independent, non-profit, academic medical organization with multinational or multidisciplinary memberships (e.g., EASL, FASEB)
- Government health agency (e.g., NIH, WHO)
- Multi-national or multidisciplinary groups without a formal societal structure but with recognized international stature and programs that are aligned with the mission of AASLD (e.g., International Committee for Insulin Resistance)

Name of Primary Contact:

Address:

Phone:

Email:

***Societies outside of the USA:**

Is the society the only society dedicated to liver disease in your country?

- Yes, society is the only hepatology society.
- No, there are ____ (indicate the number) hepatology societies, or societies that host liver in the country*.

*If more than one hepatology society exists a letter of support from the other society(s) is required.

Name of Scientific / Educational Activity to be Endorsed:

Date of Activity: (Provide Start and End Dates)

Location of Activity:

Website URL for the Activity (if available):

Target Audience:

- Hepatologists
- Gastroenterologists
- Surgeons
- Nurse Practitioners / Physician Assistants
- Transplant Coordinators
- Pharmacists
- Other: _____

Projected Number of Attendees:

Activity Description (2-3 sentences):

Activity Objectives:

(Specific measurable objectives tell what the learner will be able to do upon successful completion of the course.)

As a result of this activity, participants will be able to:

- 1)
- 2)
- 3)

Continuing Medical Education (CME) - Indicate if the program will offer CME:

- Yes, please provide name of accredited provider:
- No

Please list potential and confirmed sponsors, including industry and other organizations:

AASLD Mission Alignment

All activities sponsored by AASLD must support its mission, *“To advance and disseminate the science and practice of hepatology, and to promote liver health and quality patient care”*.

Describe the mission of the submitting organization and how this program/activity supports the AASLD mission:

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- I understand that AASLD may charge up to \$5000 US in administrative fees if this program is approved for endorsement.

Digital Applicant Signature: _____

Date: _____