The Council of Gynecologic Endoscopy

Application to be Listed on the CGE Registry

The Council of Gynecologic Endoscopy (CGE) was established to recognize expertise and to promote high quality standards in operative endoscopic surgery performed by gynecologists. Gynecologic surgeons who can demonstrate sufficient case documentation may apply.

Criteria – All recognized specialists in obstetrics and gynecology, e.g., certified by the American Board of Obstetrics and Gynecology (USA), the Royal College of Obstetricians and Gynaecologists (U.K.) or an equivalent certificate from the country in which they reside are eligible to be listed on the registry.

Registry Period – At the end of three years, all applicants must reapply for registry listing.

Requirements – Completed application form, operative case lists, documentation of training, board certification and letters of recommendation. All fields, forms and supporting documentation indicated on the application must be typed and submitted in English. No partial or incomplete applications will be accepted.

Letters of Recommendation – Two letters of recommendation will be required; one from the Department Head or Chief of Staff and one from a physician not in practice with the applicant. Additional information regarding the candidate may be obtained by the Council through written or verbal communication as needed.

Refunds – Once an application has been completed and you have made payment, the application review fees are not refundable.

If you have already started an application, click here to return to your application.
Application Process Outline

1. Complete online and submit application with cases lists and applicable fees
2. Once submitted and payment is received, the applicant will be notified, to provide supporting case list documentation. (Note: Applicant may be required to submit additional documentation if there are questions)
3. A letter of acceptance with certificate or denial will be sent to the applicant.

Please allow a minimum of 4 to 6 weeks for processing.

If you do not agree with the CGE decision, you may request a review of your application. There is a fee of $150 for each reviewing application. This will be refunded if an error was made in the review process.

Application fees for each certificate requested must be in U.S. funds and are not refundable.
Operative Laparoscopy Case Lists

(Note: You will have an opportunity to submit hysteroscopic case lists later in the application; leave this section blank if it does not apply to you)

Case lists must consist of 50 operative endoscopic procedures performed within the previous 24 months in the Surgical Procedure Group or higher for which you are applying. The applicant must have been the primary surgeon, and performed two or more types of surgical procedures in the Surgical Procedure Group or higher being requested. Not more than 18 of the cases may be of any one type. The case lists must be certified by the medical records administrator of each hospital and listed on the CGE case list forms included within this application. Do not list diagnostic procedures.

Surgical Procedure Groups are:

**Surgical Procedure Group A**

1. Endometriosis surgery - ASRM Stage 1
2. Sterilizations
3. Ovarian or peritoneal biopsy
4. Ectopic pregnancy
5. Salpingectomy
6. Salpingostomy

**Surgical Procedure Group B**

1. Moderate endometriosis – ASRM Stage II or III
2. Salpingo-oophorectomy
3. Ovarian cystectomy - complex (dermoid, endometrioma, etc)
4. Myomectomy for serosal and subserosal tumors
5. TLH, LSH, SLH, or LAVH
Surgical Procedure Group C – Please note in order to qualify for Surgical Procedure Group 3, all 25 cases submitted must be found in a Type 3 procedure list. If the intent of your application is to be considered for Type 2, 3, or 4, then at least 20 of your 25 cases must meet the requirements of the type for which you are applying.

Type 1 – General Gynecology Procedures:

1. Myomectomy – Removal of 1 or more fibroids > 5 cm by ultrasound or MRI or weight of excised lesion > 75 gms, which is deep intramural, requiring suturing of myometrial defect with 2 or more layer closure.
2. TLH, LAVH, or LSH – uterine weight > 150 gms or associated with severe endometriosis or adhesions
3. Management of obliterated cul de sac - ASRM Type IV
4. Appendectomy

Type 2 – Fertility Enhancement Surgery Procedures:

1. Myomectomy – Removal of 1 or more fibroids > 5 cm by ultrasound or MRI or weight of excised lesion > 75 gms, which is deep intramural, requiring suturing of myometrial defect with 2 or more layer closure.
2. Tubal reanastomosis or cuff salpingostomy with delicate (<5-0) suturing
3. Management of obliterated cul de sac with preservation of fertility
4. Complex ovarian cystectomy – Ovarian lesion > 5 cm by ultrasound or MRI excised with preservation of ovarian cortex

Type 3 – Repair of Pelvic Floor Defects & Urogynecology Procedures:

1. Laparoscopic bladder suspension
2. Complex repair of pelvic floor defects

Type 4 – Gynecologic Oncology Procedures:

1. Lymphadenectomy
2. Radical hysterectomy
3. Complex debulking > 20 lesions
Operative Hysteroscopy Case Lists

Case lists must consist of 25 operative hysteroscopic procedures performed within the previous 24 months in the Surgical Procedure Group or higher for which you are applying. The applicant must have been the primary surgeon, and performed two or more types of surgical procedures in the Surgical Procedure Group or higher being requested. Not more than 18 of the cases may be of any one type. The case lists must be certified by the medical records administrator of each hospital and listed on the CGE case list forms included within this application. Do not list diagnostic procedures.

Surgical Procedure Groups are:

**Surgical Procedure Group A**
1. Directed endometrial biopsies
2. Endometrial polypectomy (Polyp must be removed by hysteroscopy)
3. Hysteroscopically directed IUD/foreign body removal

**Surgical Procedure Group B**
1. Tubal cannulation/sterilization
2. Removal of uterine septum
3. Adhesiolysis (mild)
4. Submucosal myomectomy – Type 0

**Surgical Procedure Group C**
1. Adhesiolysis (moderate to severe)
2. Resectoscopic endometrial ablation and/or resection
3. Submucosal myomectomy (at least 1.5 cm) – completely removed – Type I or II

Random Case Documentation – Reports should not be sent with this application. The operative pathology reports of 6 randomly chosen cases from your laparoscopy case list: and/or 4 randomly chosen cases from hysteroscopy case list will be requested AFTER your case lists(s) have been received. The applicant will be notified by the CGE as to which cases will be required to complete this application. Additional reports may be subsequently requested.
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Application should include:

- Current License Information
- Board Certification
- Curriculum Vitae
- Hospital(s) of Practice
- CME (Endoscopy Only)
- Malpractice Insurance
- Two Letters of Recommendation
- Case List Forms
- Consent & Release for Inquiry
- $750 USD – Laparoscopy Certificate
- $750 USD – Hysteroscopy Certificate
- $1250 USD – Laparoscopy & Hysteroscopy Certificates

Failure to accurately complete this application will result in the delay of the processing of your application.

Click Here to Print This Checklist
# The Council of Gynecologic Endoscopy

## 1. Personal Data

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jon</td>
<td>Doe</td>
</tr>
</tbody>
</table>

- **Gender**: Male   Female

- **Date of Birth (MM/DD/YYYY)**: 01/01/1980

- **Birth City**: Anyplace

- **Birth State (US, Canada, and Australia Only)**: California

- **Country**: United States of America

- **Citizenship**: US

- **Medical Doctor/MD**   Doctor of Osteopathy

Are you a new CGE applicant, or are you updating your CGE designation? (If you have never received CGE designation in the past, you should select New Applicant)

- **Application Type**: Laparoscopy & Hysteroscopy

<table>
<thead>
<tr>
<th>Surgical Procedure Group - Laparoscopy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgical Procedure Group A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Surgical Procedure Group - Hysteroscopy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgical Procedure Group A</td>
</tr>
</tbody>
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**Email**: someaddress@somedomain.com

**Password**: ·······

**NOTE**: Be sure to make note of this password. You will need it if you wish to continue an application at a later date.
<table>
<thead>
<tr>
<th>Address Type</th>
<th>Address Line 1</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Telephone</th>
<th>Fax</th>
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<tbody>
<tr>
<td>Primary Office Address</td>
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<td></td>
<td></td>
<td></td>
<td>323-555-1212</td>
<td>323-555-2121</td>
</tr>
<tr>
<td>Home Address</td>
<td>123 Anywhere Street</td>
<td></td>
<td></td>
<td>90001</td>
<td>323-555-1212</td>
<td>323-555-2121</td>
</tr>
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</table>
# The Council of Gynecologic Endoscopy

## 2. License & Certification

<table>
<thead>
<tr>
<th>License to Practice in:</th>
<th>License #</th>
<th>Date</th>
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<tbody>
<tr>
<td>California</td>
<td>1234567</td>
<td>01/01/1989</td>
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</table>

**Add another license**

<table>
<thead>
<tr>
<th>Board Certification in Ob/Gyn</th>
<th>Certificate #</th>
<th>Date</th>
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<tr>
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<td>987654321</td>
<td>01/01/1990</td>
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<tr>
<td>Or Equivalent International Certificate</td>
<td>Certificate #</td>
<td>Date</td>
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<table>
<thead>
<tr>
<th>Board Certification Subspecialty (optional)</th>
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<table>
<thead>
<tr>
<th>Certified Other Board (optional)</th>
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<table>
<thead>
<tr>
<th>Recertified (optional)</th>
<th>Expires</th>
<th>Date</th>
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[Log out]
### 3. Medical Education & Training

<table>
<thead>
<tr>
<th>School of Medicine</th>
<th>AAGL School of Medicine</th>
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<tbody>
<tr>
<td>Degree</td>
<td>M.D.</td>
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<tr>
<td>Date</td>
<td>01/01/1988</td>
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**Graduate Training (optional)**

**Residency Dates (From/To)**

**Fellowship (optional)**

**Inclusive Dates (From/To)**

[Log out]
4. Medical Staff Privileges

Indicate the contact information for the medical staff secretary for the facilities from which you are submitting cases. A request will be sent to verify whether or not you were an active member of their staff and to verify your case lists.

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Cypress Memorial Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Staff Secretary Name</td>
<td>Jane Doe</td>
</tr>
<tr>
<td>Address</td>
<td>123 Anywhere Street</td>
</tr>
<tr>
<td>City</td>
<td>Anyplace</td>
</tr>
<tr>
<td>State</td>
<td>CA</td>
</tr>
<tr>
<td>Zip Code</td>
<td>90001</td>
</tr>
<tr>
<td>Email</td>
<td><a href="mailto:someaddress@somedomain.com">someaddress@somedomain.com</a></td>
</tr>
<tr>
<td>Telephone</td>
<td>323-555-1212</td>
</tr>
</tbody>
</table>

Add another hospital
5. Continuing Medical Education

The applicant must have participated in some form of continuing medical education in gynecologic endoscopy during the preceding 3 years. Participation can be any of the following:

a. Attend national or international meetings on minimally invasive gynecology (20 hours minimum)
b. An attendee at a formal training program (one day minimum)
c. Been a teaching faculty member in a training program
d. A contributor to the peer review literature
e. A contributor to a book chapter

A. Meetings Attended

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
<th>Sponsoring Organization</th>
<th>Event Name</th>
<th>CME Hours</th>
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<tr>
<td>01/01/2009</td>
<td>Orlando, FL</td>
<td>AAGL</td>
<td>AAGL Annual IV</td>
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Add another meeting

B. Training Attended

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
<th>Sponsoring Organization</th>
<th>Event Name</th>
<th>CME Hours</th>
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<tr>
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<td>Chicago, IL</td>
<td>AAGL</td>
<td>Laparoscopic S</td>
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Add another training

C. Courses Taught

Add another course

D. Articles Written

Add another article

E. Chapters Written
<table>
<thead>
<tr>
<th>Date</th>
<th>Title of Chapter</th>
<th>Book Title</th>
<th>Publisher</th>
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[Add another chapter] [Log out]
# 6. Malpractice Information and Disciplinary Action/Health Status

<table>
<thead>
<tr>
<th>Carrier</th>
<th>American Malpractice Insurance</th>
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<tbody>
<tr>
<td>Policy #</td>
<td>564738</td>
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</table>

- Have you had any claims filed against you, for non-obstetrical claims, within the last 10 years?
  - Yes  No

- Have you had any disciplinary action taken against you by any professional organization, hospital medical staff, third party payor or licensing body?
  - Yes  No

- Any mental or physical condition that may affect your ability to practice medicine?
  - Yes  No
7. Letters of Recommendation

Please provide the contact information for two individuals who can provide letters of recommendations for your application. Please include one Department Head or Chief of Staff, and one physician with whom you are not in practice.

<table>
<thead>
<tr>
<th>Name</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Department Head/Chief of Staff</td>
<td>James Imadocottor</td>
</tr>
<tr>
<td>2. Physician (please provide the name of a physician that works outside of your practice)</td>
<td>LeeAnn Smith</td>
</tr>
</tbody>
</table>
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8. Operative Case List

In the space below, you must provide a list of the cases that you will be submitting as part of the CGE application process. Please take the following steps to submit your cases:

1. Click Add Case next to the name of the hospital for which you will be submitting cases. Repeat this step until you have added all of your cases for that hospital.
2. If you are submitting cases from any hospital other than those listed on the Medical Staff Privileges screen, click the Add Additional Hospitals link at the bottom of the case list to add the hospital.

A. Cypress Memorial Hospital, 123 Anywhere Street, Anyplace, CA 90001

<table>
<thead>
<tr>
<th>Case #</th>
<th>Patient ID</th>
<th>Patient Details</th>
<th>Surg Key</th>
<th>Proc Key</th>
<th>Diagnosis</th>
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<td>Endo</td>
<td>6a</td>
<td>Clean</td>
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<td>[ edit</td>
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<tr>
<td></td>
<td>10/03/11</td>
<td>53 y/o</td>
<td></td>
<td></td>
<td></td>
<td>Endometriosis</td>
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Add Additional Hospitals