

Application for Recognition as a SMOB/SGED–ASEMO Medical Obesity Center

Please complete this document electronically; handwritten submissions will not be accepted

Name of the Applicant: _____

Name of the Center: _____

1. Type of institution

The applying institution is:

- an outpatient clinic located within a public or private hospital
- a public or private outpatient practice

The applicant confirms that the center provides infrastructure suitable for people living with obesity:

- high-capacity scale
- bariatric chairs and examination tables
- large-size blood pressure cuffs
- adequate space for safe mobility

The applicant confirms that:

- The center has treated at least 300 patients with obesity per year over the past 3 years

2. Medical Director of the Center

Name: _____

Surname: _____

Address: _____

Phone number: _____

Email address: _____

GLN MedReg : _____

The physician responsible for the center:

- holds a board certification in General Internal Medicine and has demonstrated expertise/interest in obesity care
- holds a board certification in Endocrinology/Diabetology
- holds a board certification in Visceral Surgery with specialization in bariatric surgery
- has attended at least two full-day educational meetings annually over the past 3 years (ASEMO–SSED, SMOB, IFSO, EASO) (see attachments in Section 5)
- is a member of SMOB or SSED/ASEMO

3. Commitment regarding future certification

The applicant commits to ensuring that:

- Physicians who are not endocrinologists, who work in the center and authorized to prescribe obesity treatments, commit to obtain the national obesity treatment certification within 3 years of its implementation

Non-stigmatizing care commitment:

- The head of the center ensures a non-stigmatizing approach to the care of people living with obesity and provides staff training to support such practice.

Registry:

- The applicant complies with minimal data reporting obligations as set forth in the SMOB/SSED.ASEMO center guidelines, which must be fulfilled annually

4. Multidisciplinary and Interprofessional Network

4.1 SMOB-certified bariatric surgery center:

(see attachments in Section 5)

4.2 Details of the second physician working in the center

- holds a board certification in General Internal Medicine and has demonstrated expertise/interest in obesity care
- holds a certificate of obesity specialization obesity (when available)
- holds a board certification in Endocrinology/Diabetology
- holds a board certification in Visceral Surgery with specialization in bariatric surgery
- has attended at least two full-day educational meetings annually over the last 3 years (ASEMO–SSED, SMOB, IFSO, EASO).
- is a member of SMOB or SSED/ASEMO

Name: _____

Surname: _____

Address: _____

Phone number: _____

Email address: _____

GLN MedReg : _____

4.3 Established multidisciplinary collaboration

The Center has an established collaboration with:

- Dietician
- Psychiatrist and/or Psychologist
- Physiotherapist

The collaboration agreement involving the different parties must be enclosed with this application (see attachments in Section 5).

5. Confirmation and Acknowledgements

- I confirm that all information provided in this application is accurate and truthful.
- I agree to accept a visit from the evaluation committee, should it decide that such a visit is required, including a visit to the center and a meeting with the established multidisciplinary team.
- I acknowledge that a processing fee of CHF 500 must be paid upon submission of the application. The application will only be evaluated upon receipt of a payment confirmation
Please transfer the amount to UBS Switzerland AG, 8098 Zurich
Account holder: SGED, Rütistrasse 3a, 5400 Baden
IBAN: CH53 0028 8288 IL10 8338 1
- I acknowledge that recognition is valid for 5 years, after which re-application is required.
- I commit to updating any changes in the center's multidisciplinary collaboration within six months.
- I acknowledge that application deadlines will be set twice yearly (end of June and end of

December), and that the multidisciplinary evaluation committee will issue a decision in September/March respectively.

6. Required attachments

- Certificates of continuing education (Section 2)
- Cooperation agreements with SMOB bariatric center (Section 4)
- Collaboration agreement involving the different parties (Section 4)
- Payment confirmation (Section 5)

Name of the Medical Director: _____

Place, date: _____ Signature: _____