

To apply for Membership:

1. Complete and sign application below.
2. Enclose your dues payable to: **ACP** (or include credit card information on the application) and return by fax or mail.

Full Name of Applicant

Applicant's ACP # (if known)

Code:

Last First MI

Date of Birth

Street and Number

Month Day Year

City

State/Province

Daytime Phone _____

Daytime Fax _____

ZIP/Postal

Country

Cell Phone _____

Mailing Address: Home Office

Preferred E-mail Address _____

(Required for immediate access to online member benefits including journals)

Please check here if you wish to be excluded from non-ACP-related mailings.

If an ACP member recruited you, please print his/her name

Other surnames used professionally: _____

Recruiting member ACP # (if known)

(to assist in verifying information)

TRAINING/BOARD STATUS* (check choice that applies to you):

I have been certified by a recognized certifying body in internal medicine or neurology.

OR

Attached is a copy of my Residency Completion Certificate resulting from my successful completion of an approved internal medicine training program, a combined internal medicine residency program, or a neurology program (**required** for applicants not board-certified*).

*If neither of these apply, please contact the ACP Credentialing Section at custserv@acponline.org before completing this application.

Applicants in Canada must be certified in internal medicine. Non-certified applicants outside of an ACP Chapter must also attach one sponsoring letter or Membership Sponsoring Form from a current Fellow or Master of ACP.

Self-designated Specialties – Please indicate as your “primary” specialty/subspecialty the area in which you spend most of your time. As your “secondary” specialty/subspecialty, indicate the one in which you spend the next most amount of time (if applicable). **Use codes on reverse.**

Primary

Secondary

EDUCATION/TRAINING INFORMATION (Required):

I have graduated from a medical school listed in the International Medical Education Directory (IMED), maintained by the Foundation for Advancement of International Medical Education and Research (FAIMER): <https://imed.faimer.org/search.asp>.

Name of Medical School	City	State/Province	Country	Year Graduated	Degree Earned

Name of Certification	Candidate #	Date Certified	Expiration Date	Date Recertified	Expiration Date

SIGNATURE OF APPLICANT: I affirm that I hold a current active medical license. I affirm that I have not been the subject of disciplinary action. I understand that, in order to evaluate my application, ACP will review my credentials. I agree to cooperate in such a review and allow others to provide information regarding my credentials. To the best of my knowledge, all information furnished by me in this application and in the supporting documentation is true and complete. I have read the ACP Pledge (www.acponline.org/memberpledge) and affirm that I will uphold the ethics of medicine, as exemplified by the standards and traditions of the College.**

** Check here if your medical license is not in good standing, or if you have been subject to disciplinary action, and attach a detailed explanation, including current status, of any issue(s).

Sign Here

Signature of Applicant (Required) _____

Date _____

Applicant Please Note: The following information will help provide ACP with accurate membership statistical data but will not be considered in connection with your application for Membership. Completion is optional.

GENDER: Male Female Elect not to specify

For ACP Use Only

DNS Status _____ **Elected** _____ **Payment Rec'd:** _____

PLEASE DO NOT DETACH.

Please choose Membership option:

Full Membership with Print Publications: \$295
Online-only Full Membership without print publications: \$220/\$160/\$110
(please visit www.acponline.org/dues for specific dues rates by country)
All dues quoted are for the membership year July 1, 2015 to June 30, 2016.

Amount Paid _____
(See reverse side for dues rates)

ACP USE ONLY

Check enclosed. Must make payable to ACP, and remit in U.S. funds drawn on a U.S. bank.

Charge dues to:

VISA MasterCard American Express DISCOVER

Card #

Exp. Date ____/____/____ Security Code _____

Signature _____

Required

PAYMENT REQUIRED WITH APPLICATION

Send application with payment to: American College of Physicians, Member Credentialing, 190 N Independence Mall West, Philadelphia, PA 19106-1572, or fax to 215-351-2759.

Full Name of Applicant (Please Print)

SELF-DESIGNATED SPECIALTY/SUBSPECIALTY CODES

IM	General Internal Medicine	HEM	Hematology	NEP	Nephrology
ADL	Adolescent Medicine	HEO	Hematology/Oncology	PUD	Pulmonary Disease
AI	Allergy and Immunology	HM	Hospital Medicine (Hospitalist)	RHU	Rheumatology
CCM	Critical Care Medicine	HPM	Hospice & Palliative Medicine	SLEEP	Sleep Medicine
CD	Cardiovascular Disease	ID	Infectious Disease	SPORT	Sports Medicine
END	Endocrinology, Diabetes, and Metabolism	ON	Medical Oncology	OS	Other
GE	Gastroenterology	MPD	Medicine-Pediatrics		
GER	Geriatric Medicine	N	Neurology		

DIRECTIONS

Applicants in the United States should use the domestic Membership application, accessible at www.acponline.org/intjoin.

1. Materials To Be Submitted

- The application form. The information provided *must* be accurate, complete and *signed*.
- Applicants who are not board certified and reside outside of an ACP chapter must include a sponsoring letter or Membership Sponsoring Form, found at www.acponline.org/intjoin or from a current ACP Fellow or Master.
- Applicants certified by boards other than ABIM *must* provide proof of certification.
- Dues payment. (See dues rates below.)

The application form and supporting documentation, along with dues payment, should be sent to ACP, Member Credentialing, 190 N. Independence Mall West, Philadelphia, PA 19106-1572.

Notification of election is approximately four to six weeks after the application has been approved.

If a Membership application does not fulfill requirements, the ACP Governor and/or the Credentials Committee may request additional information. Applicants not elected within six months of submission must submit a new application and supporting documentation.

2. National and Chapter Membership

Membership in the national ACP includes membership in the local chapter, if applicable, based on the member's preferred mailing address. Members can contact Member Credentialing (contact information below) to request an alternative chapter assignment.

ACP members are offered the exclusive benefit of access to "Member Connection." This is an online directory of ACP members (unless they asked not to be included) that is accessible to members only via www.acponline.org. Members who wish to be excluded from Member Connection should submit the exclusion form found at www.acponline.org/exclusionform.

3. ACP Ethics Statement

ACP members are expected to uphold the ethics of medicine as exemplified by the standards and traditions of ACP, including those in the *Ethics Manual* (www.acponline.org/ethicsmanual). A booklet version can be ordered through Member and Customer Service. Members should be familiar with the College's current Procedures for Addressing Ethical Complaints Against College Physician Members (www.acponline.org/complaintsprocedures). The staff of ACP's Center for Ethics and Professionalism is available as a resource for questions concerning ethics.

4. Membership Dues

A dues payment must be submitted with your application. Please include a full year's dues payment (see chart below). A credit of the unused portion will be applied to your next year's dues.

International Dues Rates (July 1, 2015–June 30, 2016)	
Membership Options	Dues Rate
Membership with print publications*	\$295
Membership with online-only access to publications	\$220/\$160/\$110**

*Canadian residents should include the appropriate GST/HST tax if choosing the print publications option.

**This rate varies per country based on World Bank economic indicators. For dues by country, please visit www.acponline.org/dues.

If you prefer, you may remit a prorated dues amount based on the month you are applying. For information on prorated dues amounts, please contact Member Credentialing (contact information below) or visit our Web site at www.acponline.org/dues.

Resident/Fellow Members who have successfully completed an approved training program and whose dues are current should contact Member Credentialing (contact information below) about automatic election to Membership.

All ACP dues are subject to change annually. Chapter dues are waived for newly elected members. Upon membership renewal, annual dues will include fees to support both the national ACP and your local chapter, if applicable. For the renewal dues rate in your chapter, please visit www.acponline.org/dues.

Applicants not elected may obtain a full refund or credit. Member discounts are not valid on previously purchased items. Membership benefits will begin once the dues payment has been processed.

For questions about qualifications and procedures, e-mail us at custserv@acponline.org, or call Member Credentialing at +1 (215) 351-2704; or toll-free in the U.S. or Canada, (800) 523-1546, ext. 2704 (M–F, 9 a.m.–5 p.m. ET).