

## Candidate Contact/Biographical Information

Code: \_\_\_\_\_

### Full Name of Applicant

Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

### Applicant's ACP # (if known)

Date of Birth \_\_\_\_\_  
Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Street and Number \_\_\_\_\_

Daytime Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Cell Phone \_\_\_\_\_

Mailing Address: Home \_\_\_\_\_ Office \_\_\_\_\_

Daytime Fax \_\_\_\_\_

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

**Preferred E-mail Address** \_\_\_\_\_  
(Required for immediate access to online member benefits including journals)

Name on certificate will appear as above unless otherwise specified:  
\_\_\_\_\_

**National Provider Identifier (NPI):** \_\_\_\_\_  
(provide your individual 10-digit NPI number)

Other surnames used professionally (to assist in verifying information): \_\_\_\_\_

## Education and Training

**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 \_\_\_\_\_

**Board Certification:** Please list all board certifications. **Candidates must attach proof of board certification for all boards except ABIM and its subspecialties.**

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

## Documentation of Professional Activities

**Please note: Please select from the list below all of the professional activities you wish to have considered in determining your eligibility for Fellowship. For each item selected, please provide sufficient detail in your curriculum vitae or in a separate document to assist in determining whether the activity meets the standard for Fellowship.**

**Publications:** Applicants who wish to have their publications included in determining eligibility *must include a bibliography of published articles* since the completion of training. Peer-reviewed journals are given more weight.

**Continuing Medical Education (CME):** Candidates must select one of the following. *Applicants do not need to provide additional documentation at this time though may be required later.*

I have completed a total of \_\_\_\_\_ CME hours over the past three years.  
I have not earned CME hours over the past three years.

### Additional Educational Activities:

- Subspecialty certification
- Recertification
- Advanced degrees
- Certificates of special competence
- Participation in the Medical Knowledge Self-Assessment Program® (MKSAP) for CME credit
- Other \_\_\_\_\_

### Teaching Activities:

- Community hospital
- Institutional
- Office-based
- Other \_\_\_\_\_

**Leadership Activities:** Please select those where you are actively influencing the outcomes within your professional work setting or community:

- Medical director
- Committee chair
- Committee participant
- Health advocacy
- Quality improvement initiatives
- Medical volunteerism
- Non-Medical volunteerism
- Other \_\_\_\_\_

**ACP Activities:** If you have been involved in a local or national ACP-related activity, in the past five years, please note below:

- Attendee of an ACP meeting or course
- Faculty at an ACP meeting or course
- ACP committee member
- Other \_\_\_\_\_

**Both sides of application must be completed.** 



## Payment Information

Candidates not elected to Fellowship will be offered a full refund/credit. Member discounts are not valid on previously purchased items.

Name: \_\_\_\_\_ ACP #: \_\_\_\_\_

Advancement to Fellowship Initiation Fee: \$150 USD

### Form of Payment:

Please charge my credit card:        

Card # \_\_\_\_\_ 3 or 4 digit security code \_\_\_\_\_ Exp. Date MM/YY \_\_\_\_\_

Signature: \_\_\_\_\_

**I wish to pay by check** (Payable to ACP. Must remit in U.S. funds drawn on a U.S. bank.)

Check # \_\_\_\_\_ (If paying by check, it must be enclosed with the application.)

## Sponsors

All candidates submitting an application must identify two sponsors who are current MACPs or FACP's from the same ACP chapter as the candidate. The current ACP Governor for the candidate's chapter/region or a member of the candidate's family may not act as sponsors. Please visit [www.acponline.org/facp](http://www.acponline.org/facp) to locate sponsors in your area. If you do not know the sponsor professionally, please provide them with a copy of your curriculum vitae.

Sponsor #1 Name: \_\_\_\_\_

Email: \_\_\_\_\_

Sponsor #2 Name: \_\_\_\_\_

Email: \_\_\_\_\_

## 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](http://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](http://www.acponline.org/complaintsprocedures)). The staff of ACP's Center for Ethics and Professionalism is available as a resource for questions concerning ethics.

## Professionalism Affirmation

**SIGNATURE OF APPLICANT: I affirm that all medical licenses granted to me are active and current, and 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/acppledge](http://www.acponline.org/acppledge)) 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

## Materials Required to Complete the Fellowship Application Process

Applications will not be considered until all materials are submitted and complete. After six months applications with missing information or documentation will be removed from consideration and the applicant will be required to resubmit all materials. Sample forms and materials are at [www.acponline.org/FACP](http://www.acponline.org/FACP). Please use the list below as a reference for the materials that must be submitted for Fellowship.

**Application Form, completed and signed – please retain a copy for your records.**

**Fellowship Application Fee, enclosed with application.** Please note: Membership dues must be current. If dues are outstanding for the current membership year, please visit [www.acponline.org/dues](http://www.acponline.org/dues) to make a payment prior to submitting this application.

**Current Curriculum Vitae** – There should be **no gaps** from medical school graduation. Append additional documentation as appropriate.

**Bibliography** if you wish to have published works considered for Fellowship eligibility.

**Proof of Board Certification(s)** for **all** boards **except** for ABIM and its subspecialties.

**Sponsorship Letters or Forms** – you or your sponsors may submit the letters/forms along with this application, by fax +1 (215) 351-2759 or by email at [FACP@acponline.org](mailto:FACP@acponline.org).

## Submission Information and Schedule

The application package consisting of the above items should be sent to:

Member Credentialing  
American College of Physicians  
190 N. Independence Mall West  
Philadelphia, PA 19106-1572  
USA

For questions about qualifications and procedures, e-mail us at: [FACP@acponline.org](mailto:FACP@acponline.org) or call Member Credentialing at 215-351-2709; or toll-free in the United States or Canada, 800-523-1546, extension 2709 (M-F, 9 a.m.–5 p.m. ET).

You will be sent an acknowledgment after receipt of your application, and will be notified if any additional information is needed. Incomplete applications will be withdrawn six months after the initial submission.

Applications which are complete and accompanied by all required fees and supporting documentation will be considered for the next election upon completion of the review process. Generally, the review process takes approximately four months before the election is finalized. Additionally, some applications may require review at a Credentials Committee meeting, traditionally held in May and November.

**If you are not currently an ACP Member, please visit [www.acponline.org/FACP](http://www.acponline.org/FACP) for information on applying for Direct Fellowship as a non-member.**

## Notification of Election

The Credentials Committee approves and formally "elects" Fellowship candidates on behalf of the Board of Regents and with their input. Candidates are officially notified of their election or the deferral of their application in writing. Fellowship elections are held in July, September, November, January and March of each year.

**Please keep a copy of your application for your records.**

### 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		

**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

#### ETHNICITY:

White, not of Hispanic origin (1)  
African/African American (2)  
Asian/Asian American (3)

Arab (4)  
Hispanic (5)  
Indian (I)  
Pakistani (P)

Native American/Alaskan Native (7)  
Pacific Islander (8)  
Other (9)  
Elect not to specify (E)