

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.

Applicant Contact Information

Last _____ First _____ MI _____

Company Name (if applicable) _____

Dept. _____ Suite _____ Apt. _____ Post Office Box _____ Private Mailbox _____

Street Address _____

City _____ State/Province _____ ZIP/Postal Code _____

Country _____ Mailing Address: Home _____ Office _____

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

Applicant's ACP # (if known)

Code: _____

Date of Birth _____

Month _____ Day _____ Year _____

Daytime Phone _____

Cell Phone _____

Preferred E-mail Address

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

Other surname used professionally _____

(To assist in verifying information)

Education/Training Information (Required):

I have graduated from a medical school listed in the World Directory of Medical Schools: www.wdoms.org.

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

Resident/Fellow Membership is limited to physicians accepted into accredited residency training programs in internal medicine, combined internal medicine programs, neurology, or fellowships in a subspecialty of internal medicine.

Present Position Example: Resident	Year of Residency Training Example: Training Year 1	Training Starts-Ends Example: 6/20-6/23

Print Name of Program Director _____

Program E-mail Address _____

Graduate Medical Education (Indicate current training program)

Name of Institution	City	State/Province	Country	Dates
Residency				
Fellowship				

Certification Status: If certified, please attach a copy of the certificate and indicate the following:

Full name of certification (if applicable) _____

Date certified: _____

Month/year and expiration date _____

Applicants outside ACP Chapters must be sponsored by a current ACP Master or Fellow who must submit a brief description of the applicant's training program. If a current Fellow or Master cannot be located in the area, a Program Director may serve as the sponsor. Please visit www.acponline.org/intjoin to obtain a copy of the sponsorship form. For a list of ACP International Chapters, please visit www.acponline.org/chapters.

Print name of ACP Master or Fellow _____

E-mail _____

SIGNATURE OF APPLICANT: I affirm that I have never been the subject of disciplinary action* and that information provided in this application is true and complete, and I authorize ACP to obtain updated information from my training program or ACP Governor if applicable for verification.**

* Check here 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 Resident/Fellow membership. Completion is optional.

Gender: Male _____ Female _____ Elect not to specify _____

PLEASE DO NOT DETACH.

PAYMENT REQUIRED WITH APPLICATION

Send application with payment to: American College of Physicians, Member Credentialing, 190 N. Independence Mall West, Philadelphia, PA 19106-1572 USA, or fax to 215-351-2799.

All dues quoted are for the membership year July 1, 2020-June 30, 2021.

Dues: \$49 USD

Amount Paid \$49 USD

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

Charge dues to:



Card # _____

Exp. Date _____

Security Code _____

Signature _____

Required

Full Name of Applicant (Please Print) _____

ACP USE ONLY

Resident/Fellow Member Application International Only

What is ACP Resident/Fellow Membership?

Resident/Fellow Membership is a temporary category of membership in ACP with all privileges except the right to hold office or to sponsor candidates for membership. Resident/Fellow Members in good standing after two years of membership have the right to vote. Resident/Fellow Membership is generally limited to physicians in approved residencies in internal medicine, combined internal medicine programs, neurology, or to physicians in fellowships in subspecialties of internal medicine.

How do I become a Resident/Fellow Member?

A signed application that meets the criteria for Resident/Fellow Membership, along with the appropriate dues payment, is required prior to election.

The ACP Governor in chapter countries will be informed of applications received from these countries. For a list of ACP International Chapters, please visit www.acponline.org/chapters. In countries where there is no ACP Chapter, the applicant must be sponsored by an ACP Master or Fellow. If an ACP Master or Fellow cannot be located, the Program Director or Chair of Medicine at the training institution may act as a sponsor for the applicant. To obtain a copy of the sponsorship form, please visit www.acponline.org/intjoin.

When do I apply?

As soon as you have been accepted into an approved postgraduate training program in internal medicine, combined internal medicine program, neurology, or a fellowship in a subspecialty of internal medicine.

Membership Dues Information

A dues payment must be submitted with your application. Please include a full year's dues payment. Please see the front of the application for current dues information.

A credit of the unused portion will be applied to your next year's dues. All ACP dues are subject to change annually.

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

How long is the term?

As long as dues are kept current, the Resident/Fellow Member term is generally for the duration of postgraduate years after medical school training is completed. As the term of Resident/Fellow Membership draws to a close, you will be contacted about becoming a full Member.

About ACP Membership

Membership in ACP includes membership in your local ACP country/regional chapter, if applicable, and ACP Services. A portion of your dues supports each entity. Members may not opt out of any of these entities.

- ACP provides education, information, and publications in support of its mission—*To enhance the quality and effectiveness of health care by fostering excellence and professionalism in the practice of medicine.* To learn more about ACP activities, visit www.acponline.org.

- ACP country/regional chapter structure allows the College to provide programming and networking to members that reflects the needs of local physicians. If you reside where there is an ACP chapter or region, a portion of your dues support its activities. Visit www.acponline.org/chapters to learn more.

- ACP members are offered the exclusive benefit of access to "Member Connection." This is an online directory of ACP members (unless they ask not to be included) that is accessible to members only.

Please visit www.acponline.org/dues to learn how dues are apportioned to each entity.

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 Product Support. Members should also be familiar with the College's current procedures for addressing ethical complaints against ACP members (www.acponline.org/complaintsprocedures). The staff of ACP's Center for Ethics and Professionalism is available as a resource for questions concerning ethics.

How to Apply for Resident/Fellow Membership

1. Materials to be submitted:

- Application form. Fully completed and signed.
- Dues payment. (Please note, dues will be prorated based upon month of election, for new resident/fellow members. Any unused portion of the dues will be applied to next year's dues).
- Applicants living outside of an ACP Chapter must provide a sponsorship form (may be found at www.acponline.org/intjoin and sent under separate cover).

Mail this application and any required documentation, along with dues payment, to ACP at the address found in the Contact Information section of this application. Notification of election may take up to six weeks. If an applicant does not fulfill the necessary requirements, the ACP Governor and/or ACP Credentials Committee may request additional information. Applicants not elected within six months of submission must submit a new application and supporting documentation.

2. ACP Chapter Review

The ACP Governor in chapter countries will be informed of applications received from these countries. For a list of ACP Chapters, please visit www.acponline.org/chapters.

3. Applicants outside ACP Chapters

Applicants outside ACP Chapters must be sponsored by a current ACP Master or Fellow. If a current Fellow or Master cannot be located in the area, a Program Director may serve as the sponsor, which confirms enrollment of the applicant. Sponsors must provide a brief description of the applicant's training program, either by letter/e-mail to the ACP or by completing the International Resident/Fellow Member Sponsorship form available at www.acponline.org/intjoin. This description may be submitted separately from the application.

For Assistance, Call 215-351-2600 or 800-227-1915 in the U.S. or Canada

(M-F, 9 a.m.–5 p.m. ET)

E-mail: help@acponline.org

Send Application, Dues Payment, and Supporting Documentation:

ACP, Member Credentialing, 190 N. Independence Mall West, Philadelphia, PA 19106-1572 USA