

**To apply for membership:**

1. Please complete all fields 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 \_\_\_\_\_

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

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

Other surname used professionally \_\_\_\_\_  
(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.



I affirm that I have successfully completed a residency in internal medicine, a combined internal medicine program or neurology.

Date of Completion \_\_\_\_\_ (month/year)

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

Applicants in Canada must be certified in internal medicine by the Royal College of Physicians and Surgeons of Canada, or the Collège des médecins du Québec. Noncertified applicants outside of an ACP Chapter must also attach one sponsoring letter or Member Sponsorship Form from a current ACP FACP or MACP\*\*\*.

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

**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

Name of Certification/Degree/Exam	Candidate #	Date Certified Certification/Degree/Exam	Expiration Date (if applicable)	Date Recertified (if applicable)	Expiration Date (if applicable)

**Demographic Information**

**Do you identify as Latinx, Latino, Latina or Hispanic?**

Yes  No  Prefer not to answer

**Do you identify as Middle Eastern or North African?**

Yes  No  Prefer not to answer

**With what racial group(s) do you identify? Please select all that apply.**

- Amer Indian, Native Amer, Indigenous or AK Native
- Asian, Asian American or Pan Asian
- Black, African American or Afro-Caribbean
- Native Hawaiian or Pacific Islander
- White
- Prefer to specify: \_\_\_\_\_
- Prefer not to answer

**What is your gender?**

- Woman  Man  Genderqueer
- Non-Binary/Third Gender
- Prefer to self-describe: \_\_\_\_\_
- Prefer not to answer

**Do you identify as Transgender?**

Yes  No  Prefer not to answer

**SIGNATURE OF APPLICANT: I affirm that I have not been the subject of disciplinary action and that if I am in clinical practice that all medical licenses granted to me are active and current\*\*. I have read the ACP Pledge (www.acponline.org/acppledge) and affirm that I will uphold the ethics of medicine, as exemplified by the standards and traditions of the College.**

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

**Sign Here** 

Signature of Applicant (Required) \_\_\_\_\_

Date \_\_\_\_\_

**PLEASE DO NOT DETACH.**

**Please choose Membership option:**

- Full Membership with print publications: \$350 USD
  - Online-only Full Membership without print publications: \$320/\$165/\$115 USD
- (Please visit [www.acponline.org/internationaldues](http://www.acponline.org/internationaldues) for specific dues rates by country)  
All dues quoted are for the membership year July 1, 2024–June 30, 2025.

**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 +1-215-351-2799.

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:**



Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_ / \_\_\_\_\_ Security Code \_\_\_\_\_

Signature \_\_\_\_\_

Required

Full Name of Applicant (Please Print) \_\_\_\_\_

## Self-Designated Specialty/Subspecialty Codes

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

### Instructions

Applicants in the United States should use the domestic Membership application, accessible at [www.acponline.org/join](http://www.acponline.org/join).

#### 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](http://www.acponline.org/intjoin), from a current ACP FACP or MACP\*\*\*. If the candidate is unable to locate a current FACP or MACP\*\*\*, a departmental Director (or equivalent) or Chair of Medicine may be substituted.
- 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 USA.**

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

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. About ACP Membership

Membership in ACP includes membership in ACP, your local ACP country/regional chapter, 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](http://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. Visit [www.acponline.org/chapters](http://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](http://www.acponline.org/dues) to learn how dues are apportioned to each entity.

#### 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](http://www.acponline.org/ethicsmanual)). A booklet version can be ordered through Member and Product Support. 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.

#### 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	
Membership July 1, 2024–June 30, 2025	
Membership Options	Dues Rate
Membership with print publications*	\$350 USD
Membership with online-only access to publications	\$320/\$165/\$115** USD

\*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/internationaldues](http://www.acponline.org/internationaldues).

\*\*\*MACP: Recipient of Mastership.

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 Assistance, Call +1-215-351-2600 or 800-227-1915 in the U.S. or Canada**

(M–F, 9 a.m.–5 p.m. ET)

E-mail: [help@acponline.org](mailto:help@acponline.org)

**Send Application, Dues Payment, and Supporting Documentation:**

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