

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.

5-MINUTE MEMBERSHIP APPLICATION



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

Recruiting Member ACP # (if known) _____

Full Name of Applicant

Last _____ First _____ MI _____

Street and Number _____

City _____ State _____ ZIP _____

Mailing Address: Home Office

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

Current Military Rank: _____

I wish to be part of the following U.S. Armed Forces ACP Chapter:

U.S. Army U.S. Air Force U.S. Navy

Name on certificate will appear as above unless otherwise specified: _____

Other surnames used professionally: _____

(to assist in verifying information)

Applicant's ACP # (if known)

Marketing Code: RAC09

Date of Birth / /
 Month Day Year

Daytime Phone _____

Daytime Fax _____

Home Phone _____

Preferred E-mail Address _____

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

LICENSURE

My license is in good standing and I have never been the subject of disciplinary action.

Yes No (If no, attach explanation)

Self-designated Specialties – Please indicate as your “principal” 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.**

Principal

Secondary

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

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

I have been certified by the American Board of Internal Medicine, American Osteopathic Board of Internal Medicine, one of the Royal Colleges in internal medicine, or the American Board of Psychiatry and Neurology in 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).

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

SIGNATURE OF APPLICANT: I understand that in order to evaluate my application, ACP will review my credentials. I agree to cooperate in such review and allow others to provide information regarding my credentials. To the best of my knowledge, all information furnished by me in this application is true and complete. I have read the ACP Pledge and affirm that I will uphold the ethics of medicine as exemplified by the standards and traditions of the College. To access the ACP Pledge, please visit www.acponline.org/acppledge.

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

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 (Please indicate) (9) _____
 Elect not to specify (E)

For ACP Use Only

Med School # _____ DNS Status _____ Elected _____ Payment Rec'd: _____

PLEASE DO NOT DETACH.

PAYMENT REQUIRED WITH APPLICATION

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

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

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

Available on ACP Online at www.acponline.org is the Membership application, the ACP Pledge, and the *Membership Information Booklet*, which offers detailed information about Membership requirements for the United States and international applicants. Applicants outside the United States should use the international Membership application, also accessible on the Web site.

1. Materials To Be Submitted

- The application form. The information provided *must* be accurate, complete and *signed*.
- Applicants who are not board-certified *must* include a copy of their Residency Completion Certificate.
- 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. A Membership certificate will be sent upon election.

If a Membership application does not fulfill requirements, the ACP Governor and/or the Credentials Subcommittee may request additional information. Applicants not elected within one year 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, based on the member's preferred mailing address or current military service. Members can contact Member Credentialing 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.

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*, which can be accessed through ACP Online at www.acponline.org/running_practice/ethics/manual/ethicman5th.htm. A booklet version can be ordered through Customer Service.

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

3. 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.

2009-2010 DUES RATES (July 1, 2009 – June 30, 2010)	
Members	United States
Current Associates applying for Membership	\$109
9 years or more out of medical school	\$445
8 years or less out of medical school	\$265

International applicants should complete an International Membership Application and refer to the College's Web site for dues rates.

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 the Membership Coordinator by telephone or e-mail, or visit our Web site at www.acponline.org/dues.

Associates who have successfully completed an approved training program and whose dues are current should contact Member Credentialing about automatic election to Membership. Associates elected directly to full Membership (either by automatic election or via application form) are charged reduced dues for five years (at the Associate rate for two years and then the Member mid-rate for three years) after election.

All ACP dues are subject to change annually. The allocation of chapter dues is waived for newly elected members. Upon membership renewal, annual dues will include fees to support both the national ACP and your local chapter. 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 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 mbrservices@acponline.org, or call Member Credentialing at 215-351-2704, or toll-free 800-523-1546, extension 2704 (M-F, 9 a.m.-5 p.m. ET).