

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 in the postage-paid envelope provided.

5-MINUTE ASSOCIATE APPLICATION

FOR ASSISTANCE, CALL 800-523-1546, ext. 2700

(M-F, 9 a.m.-5 p.m. ET)

E-mail: mbrservices@acponline.org



Marketing Code: _____

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.

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

Applicant's ACP # (if known)

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)

Medical Education (International medical graduates—indicate last medical degree earned.)

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

Federal Service 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

Associate 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	PG Year Example: PGY1	Specialty/Subspecialty-Track Example: Internal Medicine-Categorical	Training Starts-Ends Example: 7/09-6/12

Graduate Medical Education (Indicate current training program)

	Name of Institution	City	State/Province	Country	Dates
Residency					
Fellowship					

Office Use Only: U.S. IM or IM/Peds Residency Program # _____

Board Status When do you expect to sit for: ABIM _____ Other _____

If ABIM certified, specify year certified _____ Year and ABIM Candidate # _____
 Specify Year and name of board

Print Name of Program Director _____ Program Phone _____

Applicants affirm that they have never been the subject of disciplinary action* and that information provided on this application is true and complete and authorizes ACP to obtain updated information from training program for verification.

* Check here if you have been subject to disciplinary action, and attach a detailed explanation, including current status, of any issue(s).

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 Associate 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: _____

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: \$109

PLEASE DO NOT DETACH.

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)

ASSOCIATE

OF THE AMERICAN COLLEGE OF PHYSICIANS

Some key questions answered:

• What is ACP Associate membership?

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

Applicants outside of the U.S. should submit the international Associate application found at www.acponline.org/joinacpnow.

• How do I become an Associate?

By submitting a completed application to College headquarters with dues payment. Acceptance is subject to verification of applicant's enrollment in an approved training program.

• When do I apply?

As soon as you have been accepted into an approved postgraduate training program in internal medicine or neurology, a combined internal medicine program, neurology, or a fellowship in a subspecialty of internal medicine or while fulfilling an obligation as a medical officer in government service before completing such training.

• How much are dues?

Dues are currently \$109 per year (July 2009 through June 2010) and are required with the application. All ACP dues are subject to change annually. Your dues cover the costs of many ACP publications and much more. Your benefits as an Associate member, including publications, will begin once your dues have been paid.

• How long is the term?

As long as dues are kept current, the Associate term is generally for the first four postgraduate years after medical school or until training is completed. As the term of Associate membership draws to a close, you will be contacted about becoming a Member. Please refer to the current Membership Information Booklet for guidelines on automatic election to full Membership. This booklet can be accessed via the College's Web site.

Please note:

Membership in the national ACP includes membership in the local region/chapter, based on the member's preferred mailing address or current federal service. Under certain conditions, members can contact Member Credentialing to request an alternative region/chapter assignment.

College members are offered the exclusive benefit of access to "Member Connection." This is an online directory of College 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/private/mbrconn/online-optout.htm.

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/runnng_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.

How To Apply for Associate Membership

1. Be sure all information is provided. Others may be asked to provide information about your credentials. It is understood that the information contained in this application is true and complete to the best of your knowledge. Acceptance is subject to verification of applicant's enrollment in an approved training program.

Incomplete applications and those without dues payment will be returned to applicant and delay processing. Those not elected within one year of submission must submit a new application.

2. A dues payment must be included with your application. You may pay a full year's dues (currently \$109) with a credit of any unused portion applied to next year's 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 the Associates Coordinator at 800-523-1546, ext. 2700, or visit our Web site at www.acponline.org/dues.

If you currently subscribe to *Annals of Internal Medicine*, a credit for the unused portion of your subscription will be applied to your dues. Dues will not be charged for applicants not elected. Questions about group invoices for training programs should be directed to the Associates Coordinator.

3. **Mail your completed application with your dues payment to Member Credentialing, American College of Physicians, 190 N. Independence Mall West, Philadelphia, PA 19106-1572.**
4. Upon acceptance of your application, you will receive notification from Member Credentialing and an ACP identification card will be sent to you.