

**1. Full Name of Applicant (Please Print)**

Last	First	MI
Preferred Mailing Address (for ACP mail/directory/publications, etc.)		
Street and Number		
City		State/Province
Zip/Postal	Country	
Mailing Address: <input type="checkbox"/> Home <input type="checkbox"/> Office		
<input type="checkbox"/> Please check here if you wish to be excluded from non-ACP-related mailings.		
Daytime Phone _____		Daytime Fax _____
Home Phone _____		

<b>ACP ONLY</b>	
<b>ACP #</b>	
REGION/CHAPTER	TERM
MED SCHOOL #	
<b>Date of Birth</b>	
Month	Day
	Year

**Preferred E-mail Address** \_\_\_\_\_  
 (Required for immediate access to online member benefits, including journals)  
 Please provide any other surname that you have used professionally \_\_\_\_\_  
 (to assist in verifying information)

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

**3. Associateship 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	PG Year	Specialty/Subspecialty-Track	Inclusive Dates <small>(training starts-training ends)</small>
Example: Resident	Example: PGY1	Example: Internal Medicine-Categorical	Example: 7/09-6/12

Graduate Medical Education (Indicate current training program.)				
Name of Institution	City	State/Province	Country	Date(s)
Residency				
Fellowship				

Office use only: IM-IM/PEDS Residency Program # \_\_\_\_\_

Print name of Program Director \_\_\_\_\_ Required  
 Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**4. Board Status:** Indicate when you plan to take the board certification examination:

\_\_\_\_\_  Expect to take exam in: \_\_\_\_\_  
Full name of certification board (if applicable) month/year

If certified, attach copy of certificate and specify date certified \_\_\_\_\_ and expiration date \_\_\_\_\_.

**5. Please refer to the instructions on reverse to complete the appropriate section below:**

Applicants in the ACP International Chapters of **Brazil, Central America, Chile, Mexico, and Venezuela** must obtain the signature of their Program Director and the approval of their ACP Governor:  
 (not required for applicants in Canada, or in countries without ACP Chapters)

**Signature of Program Director** \_\_\_\_\_ **Date** \_\_\_\_\_  
*Program director's signature verifies that the applicant has been accepted into an approved residency or fellowship program.*

**Signature of ACP Governor** \_\_\_\_\_ **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:

**Print name of ACP Master or Fellow** \_\_\_\_\_ **E-mail** \_\_\_\_\_  
(not required for applicants in ACP Chapters)

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** \_\_\_\_\_ **Date** \_\_\_\_\_  
Required

**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 Associateship. 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)

**Payment Required With Application (see reverse for dues options)**

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

Full Name of Applicant \_\_\_\_\_

**Please choose annual dues:**  
 \$109 (includes print publications). **This option is not available outside ACP Chapters.** Canadians should include GST/HST Tax.  
 \$49 (online publications only). No taxes required.  
 **Check enclosed** Amount Paid \_\_\_\_\_ (see prorated dues options)  
 (Must make checks payable to ACP, and remit in U.S. funds drawn on U.S. bank)  
 **Charge dues to:**  VISA  MasterCard  American Express  Discover  
 Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ / \_\_\_\_\_  
MM YR 3-digit code

Signature \_\_\_\_\_  
Required

# 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 to sponsor candidates for membership. Associates in good standing after two years of membership have the right to vote. Associate 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 an Associate?

By application with dues payment. Applicants in ACP Chapters (except Canada) must obtain their Program Director's signature and submit the application to their ACP Governor. In countries where there is no ACP Chapter, the applicant must be sponsored by an ACP Master or Fellow (who may or may not be the Program Director).

### • 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.

### • How much are 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. All ACP dues are established by the Board of Regents and are subject to change annually.

#### 2009–2010 INTERNATIONAL ASSOCIATE DUES RATES (July 1, 2009 – June 30, 2010)

Associate	Print & Online Membership Annual Dues	Online Only Membership Annual Dues
Associates in ACP Chapters	\$109	\$49
Associates outside ACP Chapters	Not Applicable	\$49

\*Canadian residents should include the appropriate GST/HST tax if choosing this option.

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 by telephone or e-mail, or visit our website at [www.acponline.org/dues](http://www.acponline.org/dues).

Physicians outside of the United States have the option of selecting a discounted online-only membership. The online-only membership affords international members all of the regular benefits of membership, with the exception of print subscriptions to *Annals of Internal Medicine* and *ACP Journal Club*. These journals would be accessible only online.

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 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 note:

Membership in the national ACP includes membership in the local region/chapter based on the member's preferred mailing address. 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](http://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](http://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](http://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. Applicants in ACP International Chapters (except Canada)

Please have your Program Director sign your application and send it, along with dues payment, to the ACP Governor for your chapter for review and endorsement. Visit our website at [www.acponline.org/about\\_acp/chapters/#latin](http://www.acponline.org/about_acp/chapters/#latin) to obtain contact information for your ACP Governor.

Applicants from Canada are not required to obtain the Program Director signature or ACP Governor endorsement and should submit their application with dues payment directly to ACP.

### 3. Applicants outside ACP Chapters

Applicants outside ACP Chapters must be sponsored by a current ACP Master or Fellow (who may or may not be the Program Director), which confirms enrollment of the applicant. Sponsors must provide a brief description of the applicant's training program, either by letter/email to the ACP or by completing the International Associate Sponsorship form available at [www.acponline.org/joinnow](http://www.acponline.org/joinnow). This description may be submitted separately from the application.

Send the completed application with appropriate dues payment (and International Associate Sponsorship form, if not submitted directly to ACP by the sponsor) to:

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

4. Upon acceptance of your application, you will receive notification from Member Credentialing and an ACP identification card will be sent to you.  
5. For questions about qualifications and procedures, e-mail us at [mbrservices@acponline.org](mailto:mbrservices@acponline.org), or call Member Credentialing at 215-351-2700, or toll-free 800-523-1546, extension 2700 (M-F, 9 a.m.-5 p.m. ET).