

This application must be accompanied by a detailed curriculum vitae, chronologically complete since medical school graduation. See further instructions on the last two pages of application. For assistance, call 800-523-1546, ext. 2705 (M-F, 9 a.m.–5 p.m. ET).

I. Please fill in today's date:

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Month Day Year

ACP #: (if known)

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I am applying for Advancement to Fellowship

Advancement to Fellowship candidates must have been a member in good standing for at least two years (as an Associate or Member) following completion of residency.

I am applying for Direct Fellowship

Direct Fellowship candidates must have graduated from medical school at least 10 years prior to applying, and should consult with their ACP Governor before completing this application. Candidates may be offered Membership in lieu of Direct Fellowship.

II. Candidate Contact/Biographical Information:

Date of Birth

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Month Day Year

Last First MI

Street and Number

City State/Province ZIP/Postal Country

Address Type: Home Office

Daytime Phone _____ Daytime Fax _____ Home Phone _____

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

Preferred E-mail Address: _____
(required for immediate access to online member benefits, including journals)

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

Please provide any other surname that you have used professionally: _____
(to assist in verifying information)

Job Title _____
Title (Primary academic or clinical position) Institution Start Date

Federal Service: Current Military Rank: _____
I wish to be part of the following U.S. Armed Forces ACP Chapter: U.S. Air Force U.S. Army U.S. Navy

Medical School Attended: _____ Year of Graduation: _____

Specialties (See codes on last page): Principal: _____ Secondary: _____
Principal specialty is the area in which you spend most of your time. Secondary specialty is the area in which you spend the next most amount of time.

ACP Only:		
ACP Governor's Recommendation: <input type="checkbox"/> Approved for advancement to Fellowship (check all that apply):		
<input type="checkbox"/> Pathway 1	<input type="checkbox"/> Pathway 2	<input type="checkbox"/> Pathway 3 <input type="checkbox"/> Pathway 4
Detailed Governor letter required for the following choices: <input type="checkbox"/> Direct Fellowship <input type="checkbox"/> Subcommittee Decision <input type="checkbox"/> Other _____		
_____	_____	_____
ACP Governor's Signature (Required)	Region/Chapter	Date
Medical School # _____	DNS Status _____	Payment Rec'd: _____
Candidate Elected: Member _____	Associate (2 years) _____	Check # _____ ASIM _____

III. Board Certification: Please list all board certifications. Candidates must attach proof of board certification for all boards except ABIM and its subspecialties.

Name of Board	Candidate #	Certification/Recertification Date	Expiration Date

IV. Documentation of Professional Activities: All candidates must address the following professional activities in detail via a current curriculum vitae or separate lists/documentation, which should be included with this application:

- Teaching activities (hospital or office-based)
- Hospital/university committee appointments
- Community activities (medically and nonmedically related)
- ACP activities (name/date of meeting or course, MKSAP, chapter activities, etc.)

V. Continuing Medical Education (CME)

Please check one of the following (required):

- _____ I have completed a total of _____ CME hours over the past three years.
- _____ I have not earned CME hours over the past three years.

VI. Sponsors: Candidates must be sponsored by current ACP Masters or Fellows (MACPs or FACPs), both of whom must write detailed letters of support. The current ACP Governor for the candidate’s chapter or a candidate’s family member cannot act as a sponsor.

Sponsor #1: _____ **Sponsor #2:** _____
 (Print name and include sponsor letter.) (Print name and include sponsor letter.)

E-mail or Phone # _____ **E-mail or Phone #** _____

ACP Only:			
ACP # _____	<input type="checkbox"/> MACP	<input type="checkbox"/> FACP	ACP # _____ <input type="checkbox"/> MACP <input type="checkbox"/> FACP

VII. Disclaimer: The candidate should read the following statements and sign where indicated. Incomplete or unsigned applications will be returned to candidates.

I affirm that all medical licenses granted to me are in good standing, and that I have not been the subject of disciplinary action.* 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 and in the supporting documentation is true and complete. I further understand that my election to Fellowship may be publicized in national/local press. 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.

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

Signature of Candidate (Required) **Date**

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

PAYMENT (Required)

Candidates not elected to Fellowship will be offered a full refund/credit. For Direct Fellowship candidates, *Annals of Internal Medicine* and other publications will begin once the election has been finalized and annual dues have been credited. Member discounts are not valid on previously purchased items.

Name: _____ ACP #: _____
(if known)

I am including payment as follows (check one):

Advancement to Fellowship candidates

- \$150 Fellowship initiation fee only. (ACP Members whose annual dues are current)
(If annual dues are not current, please contact Customer Service before submitting application package.)

Direct Fellowship candidates*

- \$445 annual dues – United States
 \$265 annual dues – All other countries
Canadian residents will be charged appropriate GST/HST tax.

Form of Payment:

Please charge my credit card:

- VISA MasterCard American Express Discover

Card # _____ 3 or 4 digit security code _____ Exp. Date MM/YY _____

Signature: _____

- I wish to pay by check (enclosed). (Payable to ACP. Must remit in U.S. funds drawn on a U.S. bank.)

*Direct Fellowship candidates have the option of paying one year's dues (a credit of the unused portion will be applied to next year's dues), or can instead remit a prorated dues amount based on the month of submission of the application. 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 information regarding the renewal rate in your chapter, prorated dues amounts, discounted dues for retired candidates, and online dues rates for international candidates, please visit our website at www.acponline.org/membership/dues or contact Customer Service at 800-523-1546, ext. 2600, or direct at 215-351-2600 (M-F, 9:00 a.m.–5:00 p.m. ET).

DIRECTIONS

Review the requirements for Fellowship outlined in detail via the College's Web site at www.acponline.org.

1. Application Form

Members in good standing for at least two years should review the pathways for advancement to Fellowship to determine their eligibility.

Direct election to Fellowship without having previously been a member is considered an exceptional honor and can be achieved only in select situations where the candidate is at least 10 years out of medical school and can clearly demonstrate outstanding scholarly accomplishments and significant contributions to the medical literature. Candidates should discuss Direct Fellowship with the appropriate ACP Governor before submitting an application.

2. Fellowship Dues and Initiation Fee

All advancement to Fellowship candidates must include a payment of the \$150 Fellowship initiation fee with their application.

Current members applying for advancement to Fellowship must also be current in their membership dues.

Direct Fellowship candidates must include a dues payment (see above).

Candidates not elected to Fellowship may obtain a full refund or a credit.

3. Sponsors

The candidate must identify two sponsors who must be **current** MACPs or FACPs from the same ACP chapter as the candidate (not the current ACP Governor for the candidate's region/chapter or a member of the candidate's family). Utilize the online membership directory "**Member Connection**" at www.acponline.org if help is needed in obtaining eligible sponsors. Provide both sponsors with a copy of the guidelines for sponsor letters, which can also be accessed via the College's Web site.

4. Materials to be Submitted

The following items are to be submitted by the candidate as part of the application package:

- Application Form.** All information must be completed. Applications that are incomplete, unsigned or without payment will be delayed. **Retain a copy for your records.**
- Payment (check or credit card).**
- Curriculum Vitae.** A current curriculum vitae and bibliography **must** also be submitted. A model curriculum vitae can be accessed via the College's Web site. There should be **no gaps** from medical school graduation, domestic or international. Other documentation may be appended as appropriate.
- Bibliography.** Advancement to Fellowship candidates applying under Pathway 1 (The Published Academician), and **all** Direct Fellowship candidates, **must** include a current bibliography (please refer to section XVI of the sample curriculum vitae for guidelines).
- Board Certification(s).** Candidate must attach proof for all boards **except** ABIM and its subspecialties.
- Letters from Sponsors.** The candidate should submit signed, original sponsoring letters with their application. The sponsors may submit their letters to the candidate in sealed envelopes to ensure confidentiality but it is not required. If preferred, sponsors may submit their recommendation directly to ACP via fax at 215-351-2759 or via e-mail at mbrservices@acponline.org (with a copy to the candidate if desired).

The Credentials Subcommittee and/or the ACP Governor may request additional documentation at their discretion.

5. Submission Information and Schedule

The application package consisting of the above items should be sent to:

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

For questions about qualifications and procedures, e-mail us at: mbrservices@acponline.org or call Member Credentialing at 215-351-2705; or toll-free in the United States or Canada, 800-523-1546, extension 2705 (M-F, 9 a.m.–5 p.m. ET).

The candidate will be sent an acknowledgment after receipt of the application at headquarters. Candidates will be notified if any additional information is needed.

Applications which are complete and accompanied by all required fees and supporting documentation will be considered for the next quarterly election (July 1, October 1, January 1, and April 1) upon completion of the review process. Generally, the review process takes approximately four months before the election is finalized. Additionally, some applications may require review at a Credentials Subcommittee meeting, traditionally held in May and November.

Applications of candidates who fail to meet the requirements within one year of the application date shall be withdrawn after notification.

6. Notification of Election

The Credentials Subcommittee makes appropriate recommendations to the Board of Regents, which by approving these recommendations formally "elects" the candidates. Candidates are officially notified of their election or the deferral of their application in writing. Fellowship elections are effective the first day of July, October, January, or April, depending on the timing of submission and review. All newly elected Fellows may use the initials FACP in conjunction with their professional activities as long as their ACP membership remains current. New Fellows are also invited to be formally inducted during ACP's annual meeting.

SELF-DESIGNATED SPECIALTY/SUBSPECIALTY CODES

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

Please keep a copy of your application for your records. Date application package and payment mailed to ACP: _____

Candidate please note: The following information will help provide ACP with accurate membership statistical information, but will not be considered in connection with your application for Fellowship. Completion is optional.

GENDER: Male ETHNICITY: White, not of Hispanic origin (1) Pakistani (P)
 Female African/African American (2) Native American/Alaskan Native (7)
 Elect not Asian/Asian American (3) Pacific Islander (8)
to specify Arab (4) Other (Please indicate) (9)
 Hispanic (5)
 Indian (I) Elect not to specify (E)