

Member applicants outside of ACP Chapters who are not board certified in internal medicine or neurology must obtain a sponsor who is a current ACP MACP* or FACP. The sponsor may provide a letter of recommendation or use this sponsoring form.

Candidate Information:

Name: _____

ACP ID:

(If Known or Applicable)

City/State or Province/Country: _____

Date: _____

Application Verification (Please choose all that apply.)

- ☐ I confirm the applicant has met the customary and nationally accepted years of training in internal medicine (or its equivalent professional title) for their country of residence.
- ☐ I know the applicant personally and recommend them for membership.
- ☐ I do not know the applicant but can attest to the accuracy of the information on the application.

Sponsor InformationI am a current ☐ ACP FACP or ☐ MACP*

Name: _____

E-mail: _____

ACP ID Number: _____

Signature

- ☐ I am the applicant's Departmental Director (or equivalent) or Chair of Medicine.

Name: _____

Position Held: _____

E-mail: _____

Signature

Requirements for ACP Membership:

- Hold a degree of doctor of medicine, bachelor of medicine, master of surgery, or doctor of osteopathy acceptable to the Board of Regents.
- Have a medical license in good standing (if in clinical practice).
- Present evidence of the following:
 - Documentation of having satisfactorily completed at least 3 years of training in internal medicine (whatever is customary or nationally accepted) after medical school in an institution recognized by local authorities. A letter from the Chair of Medicine at the candidate's institution may be submitted in lieu of this documentation.
 - Sponsoring letter or Membership Sponsoring Form from a current ACP MACP* or FACP is required from applicants outside of ACP chapters who are not board certified in internal medicine or neurology. A form or letter from the President or Past President of the local internal medicine society may be substituted if necessary.
 - Curriculum vitae that is chronologically complete since graduation from medical school.

*MACP: Recipient of Mastership.

All ACP members are expected to uphold the ethics of medicine as exemplified by the standards and traditions of the College.

Questions: Please send your questions or comments to the ACP Credentialing Section via e-mail at help@acponline.org.

Visit www.acponline.org/membership for additional information on the requirements and benefits of membership.

The recommendation can be submitted with the application,
or the sponsor can send it directly to ACP by faxing to +1-215-351-2799
or via e-mail at help@acponline.org.