

Applicants for Transitional Graduate Membership who reside outside of an ACP Chapter must obtain a sponsor who is a current ACP MACP\* or FACP. The sponsor may provide a letter of recommendation or use this sponsorship form.

**Candidate Information:**

Name: \_\_\_\_\_

ACP ID: 

City/State or Province/Country: \_\_\_\_\_

(If Known or Applicable)

Date: \_\_\_\_\_

**Application Verification** (Please choose all that apply.)

- I confirm the applicant holds a degree of doctor of medicine, bachelor of medicine, master of surgery or its equivalent for his/her country of residence.
- I know the applicant personally and recommend him/her for Transitional Graduate membership.
- I do not know the applicant but can attest to the accuracy of the information on the application.

**Sponsor Information**I am a current  ACP FACP or  MACP\*

Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

ACP ID: \_\_\_\_\_

\_\_\_\_\_  
Signature

- I am the applicant's Dean or the Chair of Medicine in the medical school where the candidate graduated.

Name: \_\_\_\_\_

Position Held: \_\_\_\_\_

E-mail: \_\_\_\_\_

\_\_\_\_\_  
Signature

### **Requirements for ACP Transitional Graduate Membership:**

- Applicant must hold a degree of doctor of medicine, bachelor of medicine, master of surgery, or doctor of osteopathy, or the equivalent for the country where the medical education took place.
- Applicants for Transitional Graduate Membership who reside outside of an ACP Chapter must obtain a sponsor who is a current ACP MACP\* or FACP. The sponsor may provide a letter of recommendation or use this sponsorship form.
- Applicant has not yet entered a residency program in internal medicine, a combined internal medicine program, or neurology.

### **Additional Information**

- This membership category is available for a total of two membership years, but a one-time, one-year extension may be requested for a total of three membership years.
- This membership category will be terminated once the individual enters a residency training program or exceeds the three years available for this membership category.

\*MACP: Recipient of Mastership.

All ACP members are expected to have read the ACP Pledge ([www.acponline.org/acppledge](http://www.acponline.org/acppledge)) and 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](mailto:help@acponline.org).

Visit [www.acponline.org/membership](http://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](mailto:help@acponline.org).