

# International Membership and Fellowship REINSTATEMENT Application

**Please complete all fields and sign application below. This form is intended for international physicians who are former Members, FACP's, or MACP's\* of the College. If you have never been a Member, FACP, or MACP of the College, or if you were a member while a resident or student, please visit [www.acponline.org/intljoin](http://www.acponline.org/intljoin) to complete a membership application.**

\*MACP: Recipient of Mastership.

## Applicant Contact Information

Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Company Name (if applicable) \_\_\_\_\_

☐ Dept. ☐ Suite ☐ Apt. ☐ Post Office Box ☐ Private Mailbox \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State /Province \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_

Country \_\_\_\_\_ Mailing Address: ☐ Home ☐ Office

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

Other surname used professionally \_\_\_\_\_  
(To assist in verifying information)

Applicant's ACP # (if known)

Code: \_\_\_\_\_

Date of Birth        
Month Day Year

Daytime Phone (required) \_\_\_\_\_

Cell Phone (required) \_\_\_\_\_

Preferred E-mail Address \_\_\_\_\_

(Required for immediate access to online member benefits, including journals)

Recovery E-mail Address \_\_\_\_\_

(For account authorization and deliverability purposes.)

National Provider Identifier (NPI): \_\_\_\_\_

(Provide your individual 10-digit NPI number. For US trained physician applicants only.)

## Demographic Information

**Do you identify as Latinx, Latino, Latina or Hispanic?**

☐ Yes ☐ No ☐ Prefer not to answer

**Do you identify as Middle Eastern or North African?**

☐ Yes ☐ No ☐ Prefer not to answer

**With what racial group(s) do you identify? Please select all that apply.**

☐ Amer Indian, Native Amer, Indigenous or AK Native

☐ Asian, Asian American or Pan Asian

☐ Black, African American or Afro-Caribbean

☐ Native Hawaiian or Pacific Islander

☐ White

☐ Prefer to specify: \_\_\_\_\_

☐ Prefer not to answer

**What is your gender?**

☐ Woman ☐ Man ☐ Genderqueer

☐ Non-Binary/Third Gender

☐ Prefer to self-describe: \_\_\_\_\_

☐ Prefer not to answer

**Do you identify as Transgender?**

☐ Yes ☐ No ☐ Prefer not to answer

**SIGNATURE OF APPLICANT: I affirm that I have not been the subject of disciplinary action and that if I am in clinical practice that all medical licenses granted to me are active and current\*\*. I have read the ACP Pledge ([www.acponline.org/acppledge](http://www.acponline.org/acppledge)) and affirm that I will uphold the ethics of medicine, as exemplified by the standards and traditions of the College.**

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

**Sign Here**

Signature of Applicant (Required) \_\_\_\_\_

Date \_\_\_\_\_

**PLEASE DO NOT DETACH.**

## Please choose Membership option:

☐ Full Membership with print publications: \$350 USD

☐ Online-only Full Membership without print publications: \$320/\$165/\$115 USD

(Please visit [www.acponline.org/internationaldues](http://www.acponline.org/internationaldues) for specific dues rates by country.)

All dues quoted are for the membership year July 1, 2024–June 30, 2025.

## PAYMENT REQUIRED WITH APPLICATION

Send application with payment to: American College of Physicians, Member Credentialing, 190 N. Independence Mall West, Philadelphia, PA 19106-1572, USA, or fax to +1-215-351-2799.

Amount Paid \_\_\_\_\_

ACP USE ONLY

☐ **Check enclosed.** Must make payable to ACP, and remit in U.S. funds drawn on a U.S. bank.

☐ **Charge dues to:**



Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_ / \_\_\_\_\_ Security Code \_\_\_\_\_

Signature \_\_\_\_\_

Required

Full Name of Applicant (Please Print) \_\_\_\_\_

**For questions** about requirements and procedures, e-mail ACP at [help@acponline.org](mailto:help@acponline.org) or call Member Credentialing at +1-215-351-2600 or toll-free in the U.S. or Canada at +1-800-227-1915 (M-F, 9 a.m.-5 p.m. ET).