

To apply for membership:

1. Complete and sign application below.
2. Enclose your dues payable to: ACP (or include credit card information on the application) and return by fax or mail.

Applicant Contact Information

Last _____ First _____ MI _____

Company Name (if applicable) _____

Dept. _____ Suite _____ Apt _____ Post Office Box _____ Private Mail Box _____

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.

Applicant's ACP # (if known)

Code:

Date of Birth _____

Month _____ Day _____ Year _____

Daytime Phone _____

Cell Phone _____

Preferred E-mail Address

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

Medical School

Graduation Year

Other surname used professionally
(To assist in verifying information)

National Provider Identifier (NPI):

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

Education and Training

Self-designated Specialties: Please indicate as your "primary" specialty/subspecialty the area in which you spend most of your time. As your "secondary" specialty/subspecialty, indicate the one in which you spend the next most amount of time (if applicable). **Use codes on reverse.**

Primary _____ Secondary _____

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 #	Date Certified	Expiration Date	Date Recertified	Expiration Date

Documentation of Professional Activities

Direct Fellowship requires significant experience as well as a local, national or international reputation as an expert in internal medicine. At least 10-years post training experience is required for direct election to Fellowship. Please note: Please select from the list below all of the professional activities you wish to have considered in determining your eligibility for Fellowship. For each item selected, please provide sufficient detail in your curriculum vitae or in a separate document to assist in determining whether the activity meets the standard for Fellowship.

Publications: Applicants who wish to have their publications included in determining eligibility *must include a bibliography of published articles* since the completion of training. Peer-reviewed journals are given more weight.

Continuing Medical Education (CME): Candidates must select one of the following. *Applicants do not need to provide additional documentation at this time though may be required later.*

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

Additional Educational Activities:

- Subspecialty certification
- Recertification
- Advanced degrees
- Certificates of special competence
- Participation in the Medical Knowledge Self-Assessment Program® (MKSAP) for CME credit
- Other _____

Teaching Activities:

- Community hospital _____ Office-based _____
- Institutional _____ Other _____

Leadership Activities: Please select those where you are actively influencing the outcomes within your professional work setting or community:

- Medical director
- Committee chair
- Committee participant
- Health advocacy
- Quality improvement initiatives
- Medical volunteerism
- Non-Medical volunteerism
- Other _____

ACP Activities: If you have been involved in a local or national ACP-related activity, in the past five years, please note below:

- Attendee of an ACP meeting or course
- Faculty at an ACP meeting or course
- ACP committee member
- Other _____

Please visit www.acponline.org/facp for information on additional professional activities.

Both sides of application must be completed. 

PLEASE DO NOT DETACH.

Payment Information:

When applying for Direct Fellowship, candidates will be charged first year membership dues for their country of residence and a one-time Fellowship initiation fee.

Please visit www.acponline.org/directfellowship for information on Direct Fellowship and the total dues and fees to be remitted with this application.

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) 351-2759.

Dues: _____

ACP USE ONLY

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

Charge fees to:



Card # _____

Exp. Date _____ Security Code _____

Signature _____

Required

Full Name of Applicant (Please Print)

Sponsors

All candidates submitting an application must identify two sponsors who are current MACPs or FACP's from the same ACP chapter as the candidate. The current ACP Governor for the candidate's chapter/region or a member of the candidate's family may not act as sponsors. Please visit www.acponline.org/facp to locate sponsors in your area. If you do not know the sponsor professionally, please provide them with a copy of your curriculum vitae.

Sponsor #1 Name: _____

E-mail: _____

Sponsor #2 Name: _____

E-mail: _____

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* (www.acponline.org/ethicsmanual). A booklet version can be ordered through Member and Product Support. Members should be familiar with the College's current Procedures for Addressing Ethical Complaints Against College Physician Members (www.acponline.org/complaintsprocedures). The staff of ACP's Center for Ethics and Professionalism is available as a resource for questions concerning ethics.

SIGNATURE OF APPLICANT: I affirm that all medical licenses granted to me are active and current 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 a 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 have read the ACP Pledge (www.acponline.org/acppledge) and affirm that I will uphold the ethics of medicine, as exemplified by the standards and traditions of the College.

* 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).

Sign Here

Signature of Applicant (Required)

Date

Materials Required to Complete the Fellowship Application Process

Applications will not be considered until all materials are submitted and complete. After six months applications with missing information or documentation will be removed from consideration and the applicant will be required to resubmit all materials. Sample forms and materials are at www.acponline.org/FACP. Please use the list below as a reference for the materials that must be submitted for Fellowship.

- Application Form, completed and signed. Please retain a copy for your records.**
- Dues for the first year of Membership plus the \$150 Fellowship Application fee. Fellowship Application Fee, enclosed with application.**
Please Note: Fellowship in the ACP requires payment of membership dues and a one-time Fellowship initiation fee of \$150. *To use the FACP designation, you must remain a paid member of the College and pay your dues for each membership year. If you discontinue your membership, you may no longer use the designation of FACP.*
- Current Curriculum Vitae:** There should be **no gaps** from medical school graduation. Append additional documentation as appropriate.
- Bibliography** if you wish to have published works considered for Fellowship eligibility.
- Proof of Board Certification(s)** for all boards **except** for ABIM and its subspecialties.
- Sponsorship Letters or Forms:** You or your sponsors may submit the letters/forms along with this application, by fax +1 (215) 351-2759 or by e-mail at FACP@acponline.org.

Submission Information and Schedule

You will be sent an acknowledgment after receipt of your application, and will be notified if any additional information is needed. Incomplete applications will be withdrawn six months after the initial submission.

Applications which are complete and accompanied by all required fees and supporting documentation will be considered for the next election upon completion of the review process. Generally, the review process takes approximately four months before the election is finalized. Some applications may require review at a Credentials Committee meeting, traditionally held in May and November.

Notification of Election

The Credentials Committee approves and formally "elects" Fellowship candidates on behalf of the Board of Regents and with their input. Candidates are officially notified of their election or the deferral of their application in writing. Fellowship elections are held in July, September, November, January, and March of each year.

Please keep a copy of your application for your records.

SELF-DESIGNATED SPECIALTY/SUBSPECIALTY CODES

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

Membership in ACP includes membership in ACP national, your local ACP state/regional chapter, and ACP Services. A portion of your dues supports each entity. Members may not opt-out of any of these entities.

- ACP national is a 501(c) (3) organization and provides education, information and publications in support of its mission -*To enhance the quality and effectiveness of health care by fostering excellence and professionalism in the practice of medicine.*
- ACP state/regional chapter. ACP acts locally through its chapters and regions. If you reside where there is an ACP chapter or region, a portion of your dues support its activities. Visit www.acponline.org/chapters to learn more. Members may request an alternative chapter assignment by contacting ACP (see contact information below).
- ACP members are offered the exclusive benefit of access to "Member Connection." This is an online directory of ACP members (unless they ask not to be included) that is accessible to members only.
- For Domestic Physicians - ACP Services, Inc., is a 501(c) (6) organization and supports efforts to improve the practice of internal medicine. For information on the activities that fall within ACP Services, please visit www.acpservices.org. Please note-the portion of your dues allocated to ACP Services may be deductible as a business expense.

For Assistance, call +1 (215) 351-2704; in United States or Canada (800) 227-1915

(M-F, 9 a.m. to 5 p.m. ET)

E-mail: help@acponline.org

Send Application and Dues Payment:

ACP, Member Credentialing, 190 N. Independence Mall West, Philadelphia, PA 19106-1572, USA