

**Candidate Information:**

Name: \_\_\_\_\_ For current ACP members applying for Fellowship

City, State/Province, and Country: \_\_\_\_\_ ACP ID: \_\_\_\_\_

**Sponsor Information:**

(Please note: To sponsor a candidate for Fellowship, you must be a current FACP or MACP\*.)

\*MACP: Recipient of Mastership.

Name: \_\_\_\_\_ MACP \_\_\_\_\_ FACP \_\_\_\_\_

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

I understand that I must complete either A or B below for this form to be used in evaluating the candidate listed above. I am familiar with the criteria for ACP Fellowship as noted on the back of this form, and I endorse the candidate without reservation.

**A.** Candidate is known to you in a professional capacity. Please provide at least two examples of special accomplishments (e.g., exhibited leadership skills, recognized high levels of patient care) that you have witnessed and that are supplements to the candidate's curriculum vitae:

**B.** Candidate is not known to you professionally. Please provide at least two examples from the candidate's curriculum vitae of special accomplishments/contributions to medicine or the community that relate to the professional accomplishments as listed on the following page:

(Please note: You may send additional comments to ACP via e-mail at [FACP@acponline.org](mailto:FACP@acponline.org) or attach additional comments to this page.)

Signature: \_\_\_\_\_

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

**Please submit this form via e-mail to [FACP@acponline.org](mailto:FACP@acponline.org) or via fax at +215-351-2799.**

**Fellowship Sponsoring Form Procedures:**

- Sponsors must be current ACP FACP or MACPs from the same Chapter/State as the candidate; family members may not act as a Sponsor.
- Current ACP Governor from the chapter where the candidate resides may not act as a Sponsor.
- Sponsors may submit their sponsoring forms to the candidate or directly to ACP.

For questions, please contact the Fellowship Credentialing Section at +1-215-351-2704 or 800-523-1546, ext. 2704, or via e-mail at [FACP@acponline.org](mailto:FACP@acponline.org).

**Requirements for ACP Fellowship:**

ACP Fellowship is an honor achieved by those recognized by their peers for personal integrity, superior competence in internal medicine, professional accomplishment, and demonstrated scholarship. FACP is achieved by advancing from ACP membership or, in exceptional cases, by direct election.

**Basic requirements for advancement to Fellowship:**

- ACP membership in good standing for three years post residency training.
- Paid membership for three out of four years immediately prior to applying (as a Resident/Fellow or full Member).
- Certification in internal medicine or neurology.
- Professional activity in internal medicine, a combined internal medicine specialty, the subspecialties of internal medicine, or neurology.
- Experience in practice or in an academic position (including subspecialty training) for three years (tentatively) since the completion of residency.
- An active medical license in good standing (if in clinical practice).
- Continuing professional development and scholarly activities, including continuing medical education as a student or teacher.
- Teaching (institutional and community-based), hospital committee work, or volunteer and community service, especially in the voluntary provision of medical care.

**In addition to the basic requirements, candidates for advancement to Fellowship should demonstrate activity within one or several of the following areas of professional accomplishment:**

- Continuing Education
  - Subspecialty certification; recertification; advanced degrees, or MKSAP completion
- Active ACP Participation
  - Attendance at chapter/national meetings; abstract competition judging; MKSAP or exam question review, or committee/council participation.
- Publications
  - Articles; abstracts, book chapters, books, or online media
- Leadership
  - Medical director, committee chair, or working group responsible party