

# Non-Physician Affiliate Application

AS2061-6

**To apply for membership:**

**1. Please complete all fields 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 Mailbox

Street Address

City State ZIP +4

Country Mailing Address: Home Office

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

Current Military Rank (if applicable):

I wish to be part of the following U.S. Armed Forces ACP Chapter:

U.S. Army U.S. Air Force U.S. Navy

## 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)

## Recovery E-mail Address

(For account authorization and deliverability purposes.)

License State

License Number

Expiration Date

Other surname used professionally  
(To assist in verifying information)

## Type of License:

Clinical Nurse Specialist Physician Assistant

Clinical Pharmacist Registered Nurse

Clinical Psychologist Other (please identify)

Licensed Practical Nurse

Nurse Practitioner

## Primary Employer:

Full/part owner of privately owned practice

Employee of a privately owned practice

Academic medical center (AMC)/medical school

Private community hospital

Federal government (including military)

State or local government

Multispecialty clinic

Insurance company or HMO

Locum tenens

Other

If you are unable to check the box above, please contact ACP Member Credentialing directly at [help@acponline.org](mailto:help@acponline.org).

**SIGNATURE OF APPLICANT:** I affirm that all licenses granted to me are in good standing and that I have not been the subject of disciplinary action. I agree that my professional conduct will be consistent with the ethical standards of ACP and of my profession. I understand that ACP may review my credentials in order to evaluate my application.

\* 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

**PLEASE DO NOT DETACH.**

## PAYMENT REQUIRED WITH APPLICATION

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

Dues are for online-only access to benefits and are currently **\$119 per year** (July 1, 2023–June 30, 2024).

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)

## Instructions

### 1. Eligibility

Eligibility for ACP Non-Physician Affiliate membership shall include licensed nonphysician health care professionals working in the U.S. who maintain a professional credential to practice. Non-Physician Affiliate membership is available but not limited to physician assistants, nurse practitioners and other advanced practice nurses, registered nurses, pharmacists and doctors of pharmacy, genetic counselors, clinical social workers, and clinical psychologists. This membership category is not for administrative personnel.

### 2. Submission of Application Materials

Generally, the election process takes approximately two weeks providing the application is complete and includes a dues payment.

**Application form.** All information must be completed, and the applicant must sign the application form. Incomplete or unsigned applications will be returned to the applicant. The applicant should retain a copy for his/her records.

**Dues payment.** ACP's membership year runs from July 1 through June 30 of each year. Annual dues include fees to support both the national ACP and your local chapter.

The majority of your membership dues may be tax deductible as a business expense. Dues are based on your member class and years since medical school graduation (if applicable). Your dues are allocated to several specific entities: primarily to ACP, secondarily to your local chapter (where applicable), and tertiarily to ACP Services. Full payment of dues is required in order to maintain ACP membership in good standing. Total dues owed are subject to change annually. Please note:

- ACP is a 501(c)(3) organization. The majority of your total dues allocated is earmarked for education, information, and publications, all of which support the College's mission. In addition, a subscription price for members who receive ACP print publications is a component of your national dues. Subscriptions cannot be deducted from dues.
- ACP Services is a 501(c)(6) organization. The smaller portion of your total dues allocated belong to ACP Services. These are earmarked for lobbying and advocacy as well as other business and noncharitable functions and are not deductible as a charitable contribution for U.S. federal income tax purposes. For information on the activities that fall within ACP Services, please visit [www.acpservices.org](http://www.acpservices.org).
- If you reside in an area where there is an ACP chapter, or if you are a member of the military, a portion of your dues is allocated to your local or military chapter.
- Members living outside of the United States pay discounted dues and may choose to receive online-only access to ACP publications. For information on dues rates for international members, please visit [www.acponline.org/dues](http://www.acponline.org/dues).

#### Address for mailing application:

Member Credentialing  
American College of Physicians  
190 N. Independence Mall West  
Philadelphia, PA 19106-1572

### 3. Notification of Election

Applicants are sent a welcome e-mail within four weeks of election.

### 4. Questions

For questions about requirements and procedures, e-mail ACP at [help@acponline.org](mailto:help@acponline.org) or call Member Credentialing at +1-215-351-2864 or toll-free in the U.S. or Canada at 800-227-1915 (M-F, 9:00 a.m.-5:00 p.m. ET).