

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 (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.)

License State _____

License Number _____

Expiration Date _____

Other surname used professionally _____
(To assist in verifying information)

Type of License:

- Clinical Nurse Specialist Licensed Practical Nurse Registered Nurse
 Clinical Pharmacist Nurse Practitioner Other (please identify) _____
 Clinical Psychologist Physician Assistant _____

Primary Employer:

- Full/part owner of privately owned practice Academic medical center (AMC)/medical school State or local government
 Employee of a privately owned practice Private community hospital Multispecialty clinic
 Federal government (including military) Insurance company or HMO
 Other

If you are unable to check the box above, please contact ACP Member Credentialing directly at help@acponline.org.

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 licenses granted to me are active and current*. 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.

***If you are in clinical practice and your 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.

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, 2024–June 30, 2025).

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.
- 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.

Consult your tax professional for more detail.

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 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).