

**To be completed by applicants residing outside of an ACP chapter.
 Please complete all fields and sign below.**

Applicants for Resident membership outside of ACP chapters must be sponsored by a current recipient of ACP Fellowship (FACP) or Mastership (MACP). If an FACP or MACP cannot be located in the area, the applicant may substitute their Program Director as one of the sponsors. For a list of ACP international chapters, please visit www.acponline.org/chapters.

The sponsor must provide a brief description of the training program in which the applicant is enrolled. The applicant may provide this information to the sponsor if necessary. This description may be provided on this form or via a separate document or e-mail from the sponsor and should include the following information, if possible:

Full Name of Applicant

Date

 Last First MI MM/DD/YYYY

Full Name of Sponsor [must be current recipient of ACP Fellowship (FACP) or Mastership (MACP)]

 ACP ID

 Last First MI

 Sponsor's e-mail

 Name of residency program

 City and country of the residency program

 Name and e-mail address of the residency Program Director (if applicable)

 Year when training program was established (if known)

 Number of residents enrolled in the training program

 Description of program setting, such as academic or community-based (if appropriate)

 Number of years required to complete the program

The applicant can submit this form with their application, or the sponsor can send it (or a separate document or e-mail describing the training program) directly to ACP. We appreciate your assistance!

For Assistance, Call +1-215-351-2600

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

Fax: +1-215-351-2799

E-mail: help@acponline.org

Send materials to:

ACP, Member and Product Support, 190 N. Independence Mall West, Philadelphia, PA 19106-1572 USA