

# International Membership and Fellowship REINSTATEMENT Application

**This form is intended for international physicians who are former Members or Fellows (FACP) of the College. If you have never been a Member or Fellow of the College, or if you were a member while a resident or student, please visit [www.acponline.org/intljoin](http://www.acponline.org/intljoin) to complete a membership application.**

**To reinstate membership:**

1. Complete and sign the form below
2. Fax the completed form, along with payment information to +1 (215) 351-2759
3. This form may be printed and mailed to:  
American College of Physicians, Member Credentialing,  
190 N. Independence Mall West, Philadelphia, PA, 19106-1572, USA

If an ACP member recruited you, please list his/her name: \_\_\_\_\_

Priority Code \_\_\_\_\_

**Full Name of Applicant**

**Applicant's ACP # (if known)**

|                              |       |    |  |       |     |      |
|------------------------------|-------|----|--|-------|-----|------|
| Last                         | First | MI | Date of Birth  | Month | Day | Year |
| Street and Number            |       |    | Daytime Phone _____  |       |     |      |
| City                         |       |    | Daytime Fax _____  |       |     |      |
| ZIP/Postal                   |       |    | Cell Phone _____   |       |     |      |
| Country                      |       |    | <b>Preferred E-mail Address</b> _____  |       |     |      |
| Mailing Address: Home Office |       |    | (Required for immediate access to online member benefits including journals) |       |     |      |

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

**\*Agreement:**

I affirm that all medical licenses granted to me are in good standing, and that I have not been the subject of disciplinary action.\* I understand that, in order to evaluate my request for reinstatement, 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 request and in any supporting documentation is true and complete. I have read the ACP Pledge and affirm that I will uphold the ethics of medicine as exemplified by the standards and traditions of the College.

If you have been subject to disciplinary action, please contact Member Credentialing by email at [custserv@acponline.org](mailto:custserv@acponline.org), or call +1 (215) 351-2704. Physicians living in Canada may call toll-free (800) 523-1546.

**Sign Here**

Signature of Applicant (Required) \_\_\_\_\_ Date \_\_\_\_\_

**[i] The allocation of chapter dues is waived for newly reinstating Members. Upon membership renewal, annual dues will include fees to support both the national ACP and your local chapter. For questions or for information on the renewal dues rate in your chapter, please visit [www.acponline.org/dues](http://www.acponline.org/dues) or call Customer Service at + 1 215-351-2600 or if in Canada at 800-523-1546, ext. 2600 (M-F 9:00 a.m. to 5:00 p.m. EST). Member discounts are not valid on previously purchased items. All ACP dues are subject to change annually. ACP's membership year runs from July 1 to June 30.**

**PLEASE DO NOT DETACH.**

**Please choose Membership option:**

Membership with print publications: \$315 USD  
Membership with online-only publications [www.acponline.org/intdues](http://www.acponline.org/intdues)  
Dues for membership with online-only access to publications varies by country and ranges from \$110 USD to \$230 USD. Please visit the web address above to determine the current dues rate for your country of residence and add it in the space provided.

Dues Amount \_\_\_\_\_

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

**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.

Full Name of Applicant (Please Print)