

5-Minute International Physician Affiliate Application

To apply for Membership:

1. Complete 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.

Full Name of Applicant		Data	of Divide		Marketing Code:
			Date of Birth Day Year		
OL LAND		Daytin	ne Phone		
Street and Number		Daytin	ne Fax		
City State			Daytime Fax		
ZIP/Postal Country		Primai	Primary Phone		
Mailing Address: ☐ Home ☐ Office			Preferred E-mail Address(Required for immediate access to online member benefits including journals)		
☐ Please check here if you wish to	be excluded from non-ACP-related		or for infinediate access to one	me member benefits including	journally
	NTION (Required): Il school found in the International Me R): https://imed.faimer.org/search.asp		y (IMED), maintained by	the Foundation for Adv	ancement of Medical
Name of Medical Sch	ool City	State/Province	Country	Year Graduated	Degree Earned
Mu primary as a sight in C. S.	silv Madiaina/Canarri Dra-titi-ra	Dedictrice Colored	ing Commercial Commerc	Curann	
,, ,, ,	nily Medicine/General Practitioner er (please identify)	Pediatrics Ubstetri	ics 🗀 Gynecology 🗀	Surgery	
☐ I hold an advanced certification	in the specialty for which I am license	ed.			
Name of Certification	on Candidate #	Date Certified	Expiration Date	Date Recertified	Expiration Date
supporting documentation is tr of medicine, as exemplified by	g my credentials. To the best of nue and complete. I have read the hather standards and traditions of the nue is not active or if you have ever be	ACP Pledge (www.acp e College.	oonline.org/acppledge) and affirm that I wil	I uphold the ethics
Signature of Applicant (Required)			Date		
Applicant Please Note: The foll your application for Membership. GENDER: □ Male □ Female	· ·	CP with accurate member	ership statistical data bu	ut will not be considered	I in connection with
	Eloot Not to opposity				
For ACP Use Only Med School #	DNS Status	Elected	Payment Rec'd:		
				PLE	ASE DO NOT DETACH.
Online Membership (does not inc	clude print subscriptions)		A		ACP USE ONLY
☐ Dues rate based upon country of residency.			Amount Paid		
Please see www.acponline.org/dues □ \$210 □ \$160 □ \$110			Check enclosed. Must make payable to ACP, and remit in U.S. funds drawn on a U.S. bank.		
		☐ Charge dues to:			
			VISA Mastercard Discover		
PAYMENT REQUIRED WITH APPLICATION Cond application with payment to Mamber Condentialing American College of Division			Card #		
Send application with payment to: Member Credentialing, American College of Physic 190 N Independence Mall West, Philadelphia, PA 19106-1572, or fax to \pm 1 (215) 38					
			Signature		
Full Name of Applicant (Please Print)			SignatureRequired		

INSTRUCTIONS

1. Eligibility

- Eligibility for ACP Physician Affiliate membership for international physicians shall include licensed physicians who graduated medical school from a school found in the International Medical Education Directory (IMED maintained by the Foundation for Advancement of Medical Education and Research (FAIMER): https://imed.faimer.org/search.asp. Further, ACP Affiliate membership is only available to physicians not trained in or practicing in internal medicine, who hold a current license to practice in their field of medicine. Physicians trained in or practicing Internal Medicine should complete a full Member application at www.acponline.org/join.
- All elections are subject to review by ACP's Credentials Committee. If an application does not fulfill requirements, the ACP Governor and/or the Credentials Committee may request additional information. Applicants not elected within six months of submission must submit a new application.

2. Materials to be submitted

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

- The application form must be accurate, complete and signed.
- Dues payment must accompany the application for the membership to be activated. Dues rates vary by country based on World
 Bank economic indicators. Please refer to the dues rate in your country of residence located at www.acponline.org/dues. ACP's
 membership year runs from July 1 through June 30 of each year. All ACP dues are subject to change at the start of each membership year. Your dues are allocated to several specific entities: ACP, ACP Services, and your local chapter, if applicable.
- Where to submit application materials:

Member Credentialing American College of Physicians 190 N. Independence Mall West Philadelphia, PA 19106-1572 Fax: +1 (215) 351-2759

3. If there is an ACP chapter in your country, you must become a member of the chapter and, upon renewal of your ACP membership, you will be charged chapter dues if applicable.

4. ACP Ethics Statement

All ACP members are expected to uphold the ethics of medicine as exemplified by the standards and traditions of ACP, including those found in the ACP Ethics Manual (**www.acponline.org/ethicsmanual**). A booklet version may be ordered through Customer Service. Physician Affiliate members should be familiar with the College's current procedures for addressing ethical complaints against College physician members (**www.acponline.org/complaintsprocedures**). The staff of ACP's Center for Ethics and Professionalism is available as a resource for questions concerning ethics.

For questions about requirements and procedures, e-mail ACP at mbrservices@acponline.org, or call Member Credentialing at +1 (215) 351-2704; or toll-free in the U.S. or Canada, (800) 523-1546, ext. 2704 (M–F, 9:00 a.m. to 5:00 p.m. ET).