

Candidate Information:

AS7165-18

Membership Sponsoring Form

Member applicants outside of ACP Chapters who are not board-certified in internal medicine or neurology must obtain a sponsor who is a current ACP Master or Fellow. The sponsor may provide a letter of recommendation or use this sponsoring form.

Name:	ACP ID:	
City/State or Province/Country:	(If Known or Applicable)	
Date:		
Application Verification (Please choose all that apply)		
I confirm the applicant has met the customary and nationally accepted years of training i (or its equivalent professional title) for his/her country of residence.	in internal medicine	
I know the applicant personally and recommend him/her for membership.		
I do not know the applicant, but can attest to the accuracy of the information on the appl	ication.	
Sponsor Information		
I am a current ACP Fellow or Master		
Name:		
Email:		
ACP ID Number:		
Signature		
I am the applicant's Departmental Director (or equivalent) or Chair of Medicine.		
Name:		
Position Held:		
Email:		
Signature		

Requirements for ACP Membership:

- Hold a degree of Doctor of Medicine, Bachelor of Medicine, Master of Surgery, or Doctor of Osteopathy acceptable to the Board of Regents.
- Have a medical license in good standing (if in clinical practice).
- Present evidence of the following:
 - Documentation of having satisfactorily completed at least 3 years of training in internal medicine (whatever is customary or nationally accepted) after medical school in an institution recognized by local authorities. A letter from the Chair of Medicine at the candidate's institution may be submitted in lieu of this documentation.
 - Sponsoring letter or Membership Sponsoring Form from a current ACP Master or Fellow is required from applicants
 outside of ACP chapters who are not board certified in internal medicine or neurology. A form or letter from the
 President or Past President of the local internal medicine society may be substituted if necessary.
 - Curriculum vitae that is chronologically complete since graduation from medical school.

All ACP members are expected to uphold the ethics of medicine as exemplified by the standards and traditions of the College.

Questions: Please send your questions or comments to the ACP Credentialing Section via email at help@acponline.org.

visit **www.acponline.org/membership** for additional information on the requirements and benefits of membership.

The recommendation can be submitted with the application, or the sponsor can send it directly to ACP by faxing to +1 215-351-2759, or via e-mail at help@acponline.org.