

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.

Applicant Contact Information

LastFirstMI

Company Name (if applicable)

☐ Dept. ☐ Suite ☐ Apt. ☐ Post Office Box ☐ Private Mailbox

Street Address

CityStateZIP +4

CountryMailing Address: ☐ Home ☐ Office
☐ Please check here if you wish to be excluded from non-ACP-related mailings.

TRAINING/BOARD STATUS* (check choice that applies to you):

☐ I have been certified by a recognized certifying body in internal medicine or neurology.

OR

*If neither of these apply, please contact the ACP Credentialing Section at help@acponline.org before completing this application.

Self-designated Specialties – Please indicate as “primary” specialty/subspecialty the area in which you spend most of your time. As your “secondary” specialty/subspecialty, indicate the one in which you spend the next most amount of time (if applicable). **Use codes on reverse.**

Applicant's ACP # (if known)

Code:

Date of Birth
MonthDayYear

Daytime Phone

Cell Phone

Preferred E-mail Address

(Required for immediate access to online member benefits, including journals)

Other surname used professionally
(To assist in verifying information)

☐ I affirm that I have successfully completed a residency in general medicine/ internal medicine, a combined internal medicine program or neurology.

Date of Completion
MM/YR

Primary
Secondary

EDUCATION/TRAINING INFORMATION (Required):

☐ I have graduated from a medical school listed in the World Directory of Medical Schools: www.wdoms.org.

Name of Medical School	City	State/Province	Country	Year Graduated	Degree Earned

Name of Certification	GMC#	Date of GMC Registration	Date of Revalidation

RCP Status:

☐ I am a current Affiliate or Collegiate or Associate member of the Royal College of Physicians of London. RCP Code
☐ I am a current Fellow of the Royal College of Physicians of London. RCP Code

*Upon recommendation by the RCP, Fellows of the RCP will be granted Fellowship in ACP.

SIGNATURE OF APPLICANT: I affirm that I hold a current active medical license. I affirm that I have not been the subject of disciplinary action. I understand that, in order to evaluate my application, 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 application and in the supporting documentation is true and complete. I have read the ACP Pledge (www.acponline.org/memberpledge) and affirm that I will uphold the ethics of medicine, as exemplified by the standards and traditions of the College.**

**☐ Check here if your medical license is not in good standing, or if you have been subject to disciplinary action, and attach a detailed explanation, including current status, of any issue(s).

Sign Here

Signature of Applicant (Required)

Date

Applicant Please Note: The following information will help provide ACP with accurate membership statistical data but will not be considered in connection with your application for Membership. Completion is optional.

GENDER: ☐ Male ☐ Female ☐ Elect not to specify

For ACP Use Only

DNS StatusElectedPayment Rec'd:

PLEASE DO NOT DETACH.

Please choose Membership option:

☐ Full Membership with Print Publications: \$260 USD
☐ Online-only Full Membership without print publications: \$184 USD
For ACP membership through June 30, 2020

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 215-351-2759.

Amount Paid
(See reverse side for dues rates)

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:**

☐ VISA ☐ MasterCard ☐ AMERICAN EXPRESS ☐ DISCOVER

Card #

Exp. Date / Security Code

Signature

Required

Full Name of Applicant (Please Print)

SELF-DESIGNATED SPECIALTY/SUBSPECIALTY CODES

IM	General Internal Medicine	HEM	Hematology	NEP	Nephrology
ADL	Adolescent Medicine	HEO	Hematology/Oncology	PUD	Pulmonary Disease
AI	Allergy and Immunology	HM	Hospital Medicine (Hospitalist)	RHU	Rheumatology
CCM	Critical Care Medicine	HPM	Hospice & Palliative Medicine	SLEEP	Sleep Medicine
CD	Cardiovascular Disease	ID	Infectious Disease	SPORT	Sports Medicine
END	Endocrinology, Diabetes, and Metabolism	ON	Medical Oncology	OS	Other
GE	Gastroenterology	MPD	Medicine-Pediatrics		
GER	Geriatric Medicine	N	Neurology		

DIRECTIONS

1. Materials To Be Submitted

- The application form. The information provided must be accurate, complete and signed.
- For applicants who are not board certified, the RCP of London will serve as their membership sponsor.
- Applicants certified by a board other than the American Board of Internal Medicine or the General Medical Council in the UK, must provide proof of certification.
- Dues payment. (See dues rates below.)

The application form and supporting documentation, along with dues payment, should be sent to ACP, Member Credentialing, 190 N. Independence Mall West, Philadelphia, PA 19106-1572 USA.

Notification of election is approximately four to six weeks after the application has been approved.

If a Membership application does not fulfill requirements, the ACP Credentials Committee may request additional information. Applicants not elected within six months of submission must submit a new application and supporting documentation.

2. National and Chapter Membership

Membership in the national ACP includes membership in the local chapter, if applicable, based on the member's preferred mailing address. Members can contact Member Credentialing (contact information below) to request an alternative chapter assignment.

ACP members are offered the exclusive benefit of access to "Member Connection." This is an online directory of ACP members (unless they asked not to be included) that is accessible to members only via www.acponline.org. Members who wish to be excluded from Member Connection should submit the exclusion form found at www.acponline.org/exclusionform.

3. ACP Ethics Statement

ACP members are expected to uphold the ethics of medicine as exemplified by the standards and traditions of ACP, including those in the Ethics Manual (www.acponline.org/ethicsmanual). A booklet version can be ordered through Member & Product Support. 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.

4. Membership Dues

A dues payment must be submitted with your application. Please include a full year's dues payment (see chart below). A credit of the unused portion will be applied to your next year's dues.

Membership Dues Rates (through June 30, 2020)			
Membership Options		Dues Rate	
Current Membership Status with RCP	Membership Option with ACP	ACP Dues Online Only	ACP Dues Print Publications
RCP Affiliate	ACP Member*	\$184 USD	\$260 US
RCP Associate	ACP Member*	\$184 USD	\$260 US
RCP Fellow	ACP Fellow	\$184 USD	\$260 US

*After three years of membership, ACP Members are encouraged to apply for ACP Fellowship.

Dues subject to change annually. Applicants not elected may obtain a full refund. Member discounts are not valid on previously purchased items. Membership benefits will begin once payment is processed.