

## International Resident/Fellow Member Sponsorship Form (Outside of ACP Chapter)

Applicants for Resident/Fellow membership outside of ACP Chapters must be sponsored by a current ACP Fellow or Master. Current ACP Chapters are located in:

- Bangladesh
- Brazil
- Canada
- Caribbean
- Central America
- Chile

- Colombia
- Gulf\*
- India
- JapanMexico

- Saudi Arabia
- SE Asia\*\*
- Venezuela
- United States
- US Armed Forces
- \* Bahrain, Kuwait, Oman, Qatar, and United Arab Emirates.
- \*\* Currently, Indonesia, Malaysia, Philippines, Singapore and Thailand.

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 email from the sponsor and should include the following information, if possible:

| Name of Applicant:  | Date:                                   |
|---|---|
| Name of Sponsor:  |   |
| Name of Sponsor:(must be current ACP Master or Fe                                 | ellow)                                  |
| E-mail:   |   |
| Name of the residency or fellowship program:                                      |   |
| City and country of residency or fellowship program                               | n:                                      |
| Name and e-mail address of the residency or fellow                                | vship Program Director: (if applicable) |
| Year when training program was established (if kno                                |   |
| Number of residents or fellows enrolled in the train                              | ing program:                            |
| Description of program setting, such as academic contact and setting are setting. | or community-based: (if appropriate)    |
| Number of years required to complete the program                                  |   |
| The applicant can submit this form with their application                         | on or the chancer can condit            |

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

ACP Member Credentialing American College of Physicians 190 N. Independence Mall West Philadelphia, PA 19106-1572 USA +1-215-351-2700 (M-F 9:00 a.m.-5:00 p.m. ET) +1-215-351-2759 (fax) custserv@acponline.org (email)