

**To be completed by applicants residing outside of an ACP Chapter.  
 Please complete all fields and sign application below.**

Applicants for Resident/Fellow membership outside of ACP Chapters must be sponsored by a current ACP FACP or MACP\*. If a FACP or MACP\* cannot be located in the area, the applicant may substitute their Program Director as one of the sponsors. For a list of ACP International Chapters, please visit [www.acponline.org/chapters](http://www.acponline.org/chapters).

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 e-mail from the sponsor and should include the following information, if possible:

**Full Name of Applicant**

**Date**

Last First MI MM/DD/YYYY

**Full Name of Sponsor** (must be a current ACP MACP\* or FACP)

ACP ID

Last First MI

Sponsor's e-mail

Name of residency or fellowship program

City and country of the residency or fellowship program

Name and e-mail address of the residency or fellowship Program Director (if applicable)

Year when training program was established (if known)

Number of residents or fellows enrolled in the training program

Description of program setting, such as academic or community-based (if appropriate)

Number of years required to complete the program

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

\*MACP: Recipient of Mastership.

**For Assistance, Call +1-215-351-2600**

(M-F, 9 a.m.-5 p.m. ET)

Fax: +1-215-351-2799

E-mail: [help@acponline.org](mailto:help@acponline.org)

**Send materials to:**

ACP, Member Credentialing, 190 N. Independence Mall West, Philadelphia, PA 19106-1572 USA