

This form is intended for physicians who are former Members or Fellows (FACP) of the College. If you have never been a Member or Fellow of the College, or if you were a member while a resident or student, please visit www.acponline.org/join to complete a membership application.

Applicant Contact Information

Last

First

MI

Company Name (if applicable)

Dept.

Suite

Apt.

Post Office Box

Private Mailbox

Street Address

City

State

ZIP +4

Country

Mailing Address: Home Office

☐ Please check here if you wish to be excluded from non-ACP-related mailings.

Current Military Rank:

I wish to be part of the following U.S. Armed Forces ACP Chapter:

U.S. Army

U.S. Air Force

U.S. Navy

Applicant's ACP # (if known)

Code:

Date of Birth

Month

Day

Year

Daytime Phone

Cell Phone

Preferred E-mail Address
(Required for immediate access to online member benefits, including journals)

National Provider Identifier (NPI):
(Provide your individual 10-digit NPI number)

Other surname used professionally
(To assist in verifying information)

SIGNATURE OF APPLICANT: I affirm that all medical licenses granted to me are in good standing and that I have not been the subject of disciplinary action.* I understand that, in order to evaluate my request for reinstatement, 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 request and in any supporting documentation is true and complete. I have read the ACP Pledge (www.acponline.org/acppledge) 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

Membership in ACP includes membership in ACP, your local ACP country/regional chapter, and ACP Services. A portion of your dues supports each entity. Members may not opt out of any of these entities.

- ACP national is a 501(c) (3) organization and provides education, information, and publications in support of its mission–*To enhance the quality and effectiveness of health care by fostering excellence and professionalism in the practice of medicine.*
- ACP Services, Inc., is a 501(c) (6) organization and supports efforts to improve the practice of internal medicine. For information on the activities that fall within ACP Services, please visit www.acpservices.org. Please note–the portion of your dues allocated to ACP Services may be deductible as a business expense.
- ACP acts locally through its chapters and regions. If you reside where there is an ACP chapter or region, a portion of your dues support its activities. Visit www.acponline.org/chapters to learn more. Members may request an alternative chapter assignment by contacting ACP.
- ACP members are offered the exclusive benefit of access to “Member Connection.” This is an online directory of ACP members (unless they ask not to be included) that is accessible to members only.

Please visit www.acponline.org/dues to learn how dues are apportioned to each entity.

PLEASE DO NOT DETACH.

Please choose Membership option:

DUES RATES (July 1, 2021–June 30, 2022)	
8 years or less out of medical school	\$260
9 years or more out of medical school	\$555

PAYMENT REQUIRED FOR REINSTATEMENT

Full Name of Applicant (Please Print)

Amount Paid

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:

☐ 

☐ 

☐ 

☐ 

Card #

Exp. Date / Security Code

Signature _____

Required

To reinstate membership:

Complete and sign this form and mail to:
American College of Physicians, Member Credentialing
190 N. Independence Mall West, Philadelphia, PA, 19106-1572, USA
Phone: 800-227-1915
Fax: +215-351-2799