

To apply for membership:

1. Please complete all fields and sign application below. All fields are required unless otherwise noted.
2. Enclose your dues payable to ACP (or include credit card information on the application) and return by fax or mail.

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 (if applicable): _____

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

U.S. Army U.S. Air Force U.S. Navy

National Provider Identifier (NPI)

(Provide your individual 10-digit NPI number)

Training/Board Status (check choice that applies to you):

I have been certified by the American Board of Internal Medicine, American Osteopathic Board of Internal Medicine, one of the Royal Colleges in internal medicine, or the American Board of Psychiatry and Neurology in neurology.

OR

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

Date of Completion: _____
Month/Year

If neither of these apply, please contact the ACP Member and Product Support at 800-227-1915 before completing this application.

Self-designated Specialties: Please indicate as your "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.**

Primary _____

Secondary _____

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

Name of Board	Candidate #	Date Certified	Expiration Date	Date Recertified	Expiration Date

If you are currently enrolled in a fellowship training program, please complete the below table.

Fellowship Program Name	City	State/Province	Country	PG Year	Anticipated End Date

Demographic Information

Do you identify as Latinx, Latino, Latina or Hispanic?

Yes No Prefer not to answer

Do you identify as Middle Eastern or North African?

Yes No Prefer not to answer

With what racial group(s) do you identify? Please select all that apply.

- Amer Indian, Native Amer, Indigenous or AK Native
- Asian, Asian American or Pan Asian
- Black, African American or Afro-Caribbean
- Native Hawaiian or Pacific Islander
- White
- Prefer to specify: _____
- Prefer not to answer

What is your gender?

- Woman Man Genderqueer
- Non-Binary/Third Gender
- Prefer to self-describe: _____
- Prefer not to answer

Do you identify as Transgender?

Yes No Prefer not to answer

SIGNATURE OF APPLICANT: I affirm that I have not been the subject of disciplinary action and that if I am in clinical practice that all medical licenses granted to me are active and current*. 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.

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

Sign Here

Signature of Applicant (Required) _____

Date _____

For ACP Use Only

DNS Status _____ Elected _____ Payment Rec'd: _____

PAYMENT REQUIRED WITH APPLICATION

Send application with payment to: American College of Physicians, Member and Product Support, 190 N. Independence Mall West, Philadelphia, PA 19106-1572, or fax to +1-215-351-2799.

Please see the back of this application for additional membership dues information. Dues are for one year of membership beginning at date of join.

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:

   

Card # _____

Exp. Date _____ / _____ Security Code _____

Signature _____

Required

Full Name of Applicant (Please Print) _____

SELF-DESIGNATED SPECIALTY/SUBSPECIALTY CODES

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

Directions

For additional requirements or to join online, go to www.acponline.org/join. International applicants should complete an International Membership Application and refer to the College's Web site for dues rates.

1. Materials to Be Submitted

- The application form. The information provided *must* be accurate, complete, and *signed*.
- Applicants certified by boards other than ABIM *must* provide proof of certification.
- Dues payment. (See dues rates below.)

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

2. About ACP Membership

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

The majority of your membership dues may be tax deductible as a business expense. Dues are based on your member class and years since medical school graduation (if applicable). Your dues are allocated to several specific entities: primarily to ACP, secondarily to your local chapter (where applicable), and tertiarily to ACP Services. Full payment of dues is required in order to maintain ACP membership in good standing. Total dues owed are subject to change annually. Please note:

- ACP is a 501(c)(3) organization. The majority of your total dues allocated is earmarked for education, information, and publications, all of which support the College's mission. In addition, a subscription price for members who receive ACP print publications is a component of your national dues. Subscriptions cannot be deducted from dues.
- ACP Services is a 501(c)(6) organization. The smaller portion of your total dues allocated belong to ACP Services. These are earmarked for lobbying and advocacy as well as other business and noncharitable functions and are not deductible as a charitable contribution for U.S. federal income tax purposes. For information on the activities that fall within ACP Services, please visit www.acpservices.org.
- If you reside in an area where there is an ACP chapter, or if you are a member of the military, a portion of your dues is allocated to your local or military chapter.
- 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.

ACP membership is valid for one year from join date. Your dues are allocated to several specific entities: ACP, ACP Services, and your local chapter. All dues are subject to change annually. Chapter dues are waived for newly elected members. Upon renewal of your membership, annual dues will include fees to support both the national ACP and your local chapter. For renewal dues rates in your chapter, please visit www.acponline.org/dues.

Please visit www.acponline.org/dues to learn how dues are apportioned to each entity. Consult your tax professional for more detail.

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 and 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).

DUES RATES	
ACP membership is valid for one year from join date.	
Members	United States
Fellows-in-training 7 year or less out of medical school applying for Membership	\$170
7 years or less out of medical school	\$324
Fellows-in-training 8 years or more out of medical school applying for Membership	\$180
8 years or more out of medical school	\$565

Applicants not elected may obtain a full refund or credit. Member discounts are not valid on previously purchased items. Membership benefits will begin once the dues payment has been processed.

For Assistance, Call 800-227-1915

(M–F, 9 a.m.–5 p.m. ET)

E-mail: help@acponline.org

Send Application and Dues Payment:

ACP, Member and Product Support, 190 N. Independence Mall West, Philadelphia, PA 19106-1572