

**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/Province \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_

Country \_\_\_\_\_ Mailing Address:  Home  Office

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

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)

Recovery E-mail Address \_\_\_\_\_

(For account authorization and deliverability purposes.)

Other surname used professionally \_\_\_\_\_

(If applicable; to assist in verifying information)

**Education/Training Information:**

I have graduated from a medical school listed in the World Directory of Medical Schools: [www.wdoms.org](http://www.wdoms.org).

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

**Resident/Fellow Membership is limited to physicians accepted into accredited residency training programs in internal medicine, combined internal medicine programs, neurology, or fellowships in a subspecialty of internal medicine.**

Present Position Example: Resident	Year of Residency Training Example: Training Year 1	Training End Date Example: 06/2027

Print Name of Program Director \_\_\_\_\_ Program E-mail Address \_\_\_\_\_

**Graduate Medical Education** (Indicate current training program)

Name of Institution	City	State/Province	Country	End Date
Residency				
Fellowship				

**Certification Status:** If certified, please attach a copy of the certificate and indicate the following:

\_\_\_\_\_ Date certified: \_\_\_\_\_  
Full name of certification (if applicable) Month/year and expiration date

Applicants outside ACP Chapters must be sponsored by a current recipient of ACP Fellowship (FACP) or Mastership (MACP) who must submit a brief description of the applicant's training program. If a current recipient of ACP Fellowship (FACP) or Mastership (MACP) cannot be located in the area, a Program Director may serve as the sponsor. Please visit [www.acponline.org/intjoin](http://www.acponline.org/intjoin) to obtain a copy of the sponsorship form. For a list of ACP international chapters, please visit [www.acponline.org/chapters](http://www.acponline.org/chapters).

Print name of ACP MACP or FACP \_\_\_\_\_ E-mail \_\_\_\_\_

**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\*. I have read the ACP Pledge ([www.acponline.org/acppledge](http://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 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 \_\_\_\_\_

**PLEASE DO NOT DETACH.**

**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 +1-215-351-2799.

All dues quoted are for the membership year July 1, 2025–June 30, 2026.

Dues: \$39 USD

**Amount Paid \$39 USD**

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) \_\_\_\_\_

### What is ACP Resident/Fellow Membership?

Resident/Fellow Membership is a temporary category of membership in ACP with all privileges except the right to hold office or to sponsor candidates for membership. Resident/Fellow Members in good standing after two years of membership have the right to vote. Resident/Fellow Membership is generally limited to physicians in approved residencies in internal medicine, combined internal medicine programs, neurology, or to physicians in fellowships in subspecialties of internal medicine.

### How do I become a Resident/Fellow Member?

A signed application that meets the criteria for Resident/Fellow Membership, along with the appropriate dues payment, is required prior to election.

The ACP Governor in chapter countries will be informed of applications received from these countries. For a list of ACP international chapters, please visit [www.acponline.org/chapters](http://www.acponline.org/chapters). In countries where there is no ACP chapter, the applicant must be sponsored by a current recipient of ACP Fellowship (FACP) or Mastership (MACP). If an ACP MACP or FACP cannot be located, the Program Director or Chair of Medicine at the training institution may act as a sponsor for the applicant. To obtain a copy of the sponsorship form, please visit [www.acponline.org/intjoin](http://www.acponline.org/intjoin).

### When do I apply?

As soon as you have been accepted into an approved postgraduate training program in internal medicine, combined internal medicine program, neurology, or a fellowship in a subspecialty of internal medicine.

### Membership Dues Information

A dues payment must be submitted with your application. Please include a full year's dues payment. Please see the front of the application for current dues information. All ACP dues are subject to change annually.

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

### How long is the term?

As long as dues are kept current, the Resident/Fellow Member term is generally for the duration of postgraduate years after medical school training is completed. As the term of Resident/Fellow Membership draws to a close, you will be contacted about becoming a full Member.

### About ACP Membership

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

- ACP 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*. To learn more about ACP activities, visit [www.acponline.org](http://www.acponline.org).
- ACP country/regional chapter structure allows the College to provide programming and networking to members that reflects the needs of local physicians. Visit [www.acponline.org/chapters](http://www.acponline.org/chapters) to learn more.
- 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](http://www.acponline.org/dues) to learn how dues are apportioned to each entity.

### 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](http://www.acponline.org/ethicsmanual)). A booklet version can be ordered through Member and Product Support. Members should also be familiar with the College's current procedures for addressing ethical complaints against ACP members ([www.acponline.org/complaintsprocedures](http://www.acponline.org/complaintsprocedures)). The staff of ACP's Center for Ethics and Professionalism is available as a resource for questions concerning ethics.

## How to Apply for Resident/Fellow Membership

### 1. Materials to be Submitted:

- Application form. Fully completed and signed.
- Dues payment.
- Applicants living outside of an ACP chapter must provide a sponsorship form (may be found at [www.acponline.org/intjoin](http://www.acponline.org/intjoin) and sent under separate cover).

Mail this application and any required documentation, along with dues payment, to ACP at the address found in the Contact Information section of this application. Notification of election may take up to six weeks. If an applicant does not fulfill the necessary requirements, the ACP Governor and/or ACP Credentials Committee may request additional information. Applicants not elected within six months of submission must submit a new application and supporting documentation.

### 2. ACP Chapter Review

The ACP Governor in chapter countries will be informed of applications received from these countries. For a list of ACP chapters, please visit [www.acponline.org/chapters](http://www.acponline.org/chapters).

### 3. Applicants Outside ACP Chapters

Applicants outside ACP chapters must be sponsored by a current recipient of ACP Fellowship (FACP) or Mastership (MACP). If a current FACP or MACP cannot be located in the area, a Program Director may serve as the sponsor, which confirms enrollment of the applicant. Sponsors must provide a brief description of the applicant's training program, either by letter/e-mail to the ACP or by completing the International Resident/Fellow Member Sponsorship form available at [www.acponline.org/intjoin](http://www.acponline.org/intjoin). This description may be submitted separately from the application.

**For Assistance, Call +1-215-351-2600 or 800-227-1915 in the U.S. or Canada**

(M-F, 9 a.m.–5 p.m. ET)

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

**Send Application, Dues Payment, and Supporting Documentation:**

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