

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.

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 to obtain a copy of the sponsorship form. For a list of ACP international chapters, please visit 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) 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

Membership is valid from the time of payment processing until June 30, 2026.
Dues are not prorated.

Amount Paid \$39 USD

☐ Check enclosed. Must make payable to ACP, and remit in U.S. funds drawn on a U.S. bank.

☐ Charge dues to: ☐ VISA ☐ MasterCard ☐ American Express ☐ DISCOVER

Card # _____

Exp. Date _____ / _____ Security Code _____

Signature _____
Required

Full Name of Applicant (Please Print)

ACP USE ONLY

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. 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.

When do I apply?

Resident/Fellow Memberships run on an annual cycle of July 1 to June 30. Memberships in the current cycle will end on June 30, 2026, regardless of the date of join. To maximize your membership, it is recommend you join in July.

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 and will remain active until June 30, 2026.

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.
- 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 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 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). 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). 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 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.

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. 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

Send Application, Dues Payment, and Supporting Documentation:

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