



American College of Physicians
Leading Internal Medicine, Improving Lives

International Membership Application

For post-residency physicians living outside of the U.S.

AS5040-4

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 _____

Country _____ Mailing Address: Home Office

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

Other surname used professionally _____
(If applicable; to assist in verifying information)

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

I have been certified by a recognized certifying body in internal medicine or neurology.



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 help@acponline.org before completing this application.

Applicants in Canada must be certified in internal medicine by the Royal College of Physicians and Surgeons of Canada, or the Collège des médecins du Québec.

Noncertified applicants outside of an ACP chapter must also attach one sponsoring letter or Member Sponsorship Form from a current recipient of ACP Fellowship (FACP) or Mastership (MACP).

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 _____

Education/Training Information (Required):

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

Name of Certification/Degree/Exam	Candidate #	Date Certified Certification/Degree/Exam	Expiration Date (if applicable)	Date Recertified (if applicable)	Expiration Date (if applicable)

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 _____

PLEASE DO NOT DETACH.

Please choose Membership option:

- Full Membership with print publication: \$350 USD
- Online-only Full Membership without print publications: \$299/\$159/\$99 USD

(Please visit www.acponline.org/internationaldues for specific dues rates by country)

ACP membership is valid for one year from join date.

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 USA, or fax to +1-215-351-2799.

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

Instructions

Applicants in the United States should use the domestic Membership application, accessible at www.acponline.org/join.

1. Materials to Be Submitted

- The application form. The information provided *must* be accurate, complete, and *signed*.
- Applicants who are not board certified and reside outside of an ACP chapter must include a sponsoring letter or Membership Sponsoring Form, found at www.acponline.org/intjoin, from a current recipient of ACP Fellowship (FACP) or Mastership (MACP). If the candidate is unable to locate a current FACP or MACP, a departmental Director (or equivalent) or Chair of Medicine may be substituted.
- Applicants certified by boards other than ABIM *must* provide proof of certification.
- Dues payment. (See dues rates below.)

The application form and supporting documentation, along with dues payment, should be sent to ACP, Member and Product Support, 190 N. Independence Mall West, Philadelphia, PA 19106-1572 USA.

Notification of election is approximately four to six weeks after the application has been received.

If a Membership application 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

Includes membership in ACP, your local ACP country/regional chapter (where applicable), and ACP Services. A portion of your dues supports each entity. Members may not opt out of any of these entities. Please visit www.acponline.org/dues to learn how dues are apportioned to each entity.

- 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.

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).

International Dues Rates	
ACP membership is valid for one year from join date.	
Membership Options	Dues Rate
Membership with print publications*	\$350 USD
Membership with online-only access to publication	\$299/\$159/\$99** USD

*Canadian residents should include the appropriate GST/HST tax if choosing the print publications option.

**This rate varies per country based on World Bank economic indicators. For dues by country, please visit www.acponline.org/internationaldues.

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 +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 and Product Support, 190 N. Independence Mall West, Philadelphia, PA 19106-1572 USA