

To apply for membership:

1. Complete and sign application below.

2. Enclose your dues payable to: ACP (or include credit card information on the application) and return by mail or fax.

Full Name of Applicant

LastFirstMI

Street and Number

CityStateZIP

Mailing Address: ☐ Home ☐ Office

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

Other surnames used professionally: _____
(To assist in verifying information)

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

Medical Education (International medical graduates—indicate last medical degree earned.)

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

Federal Service 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

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	PG Year Example: PGY1	Specialty/Subspecialty-Track Example: Internal Medicine-Categorical	Training Starts-Ends Example: 7/17-6/20

Print Name of Program Director _____ Program Phone _____

Graduate Medical Education (Indicate current training program)

	Name of Institution	City	State/Province	Country	Dates
Residency					
Fellowship					

Office Use Only: U.S. IM or IM/Peds Residency Program # _____

If ABIM certified, specify year certified _____ and ABIM Candidate # _____
YearSpecify year and name of board

SIGNATURE OF APPLICANT: I affirm that I have never been the subject of disciplinary action* and that information provided on this application is true and complete. I authorize ACP to obtain updated information from my training program for verification.

*☐ Check here 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 _____

Applicant Please Note: The following information will help provide ACP with accurate membership statistical data but will not be considered in connection with your application for Resident/Fellow Membership. Completion is optional.

- Gender:**

☐ Male

☐ Female

☐ Elect not to specify
- Ethnicity:**

☐ White, not of Hispanic origin (1)

☐ African/African American (2)

☐ Asian/Asian American (3)
- ☐ Arab (4)

☐ Hispanic (5)

☐ Indian (I)

☐ Pakistani (P)
- ☐ Native American/Alaskan Native (7)

☐ Pacific Islander (8)

☐ Other (9)

☐ Elect not to specify (E)

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, or fax to (215) 351-2759.

Amount Paid: \$119

☐ 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)

Resident/Fellow Member Application

What is ACP Resident/Fellow Membership?

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

Applicants outside of the U.S. should submit the international Resident/Fellow application found at www.acponline.org/intjoin.

When do I apply?

As soon as you have been accepted into an approved postgraduate training program in internal medicine, neurology, or a combined internal medicine program. Physicians who have successfully completed residency in internal medicine, and are now in a fellowship in a subspecialty of internal medicine or while fulfilling an obligation as a medical officer in government service before completing such training.

How much are dues?

Dues are currently \$119 per year (July 2017 through June 2018) and are required with the application. All ACP dues are subject to change annually. Your dues cover the costs of ACP publications and much more. Your benefits as an Resident/Fellow Member member, including publications, will begin once your dues have been paid.

How long is the term?

As long as dues are kept current, the Resident/Fellow term is generally for the postgraduate years after medical school until training is completed. As the term of Resident/Fellow Membership draws to a close, you will have the option of applying for full membership.

Please note:

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.

- 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 state/regional chapter. 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 (see contact information below).

- 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 members are expected to uphold the ethics of medicine 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 Customer Service. 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. Be sure all information is accurate and complete to the best of your knowledge. Your training program may be asked to provide information about your credentials. Acceptance is subject to verification of your enrollment in an approved training program.

Incomplete applications and those without dues payment will delay processing. Applicants not elected within six months of submission must submit a new application.

2. A full year's dues payment must be submitted with your application (\$119). Dues are pro-rated and any unused portion will be credited to next year's dues. If you prefer, you may remit a prorated dues amount based on the month you are applying. For information on prorated dues amounts, please visit us at www.acponline.org/dues.

3. Dues will not be charged for applicants not elected. Questions about group invoices for training programs should be directed to mbrdev@acponline.org.

4. Upon acceptance of your application, you will receive notification from ACP.

For Assistance, call (800) 523-1546 (ext 2600)

(M-F, 9 a.m. to 5 p.m.)

E-mail: custserv@acponline.org

Send Application and Dues Payment:

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