

To apply for membership:  
1. Please complete all fields 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.

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.

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)

Secondary E-mail Address

(Required)

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)

Other surname used professionally  
(To assist in verifying information)

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

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	PG Year Example: PGY1	Specialty/Subspecialty-Track Example: Internal Medicine-Categorical	Training End Date Example: 7/22

Print Name of Program Director \_\_\_\_\_ Program Phone \_\_\_\_\_

Graduate Medical Education (Indicate current training program)

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

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 \_\_\_\_\_

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 +1-215-351-2799.

ACP offers a discount on resident dues when programs use the ACP Residency Program Portal (RPP) and group billing. Program Directors and Coordinators may access the RPP at [www.acponline.org/rpp](http://www.acponline.org/rpp).

For membership year  
July 1, 2023-June 30, 2024  
Amount Due: \$132

☐ 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

# 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](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, 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?

The dues amount owed may be found on the front of this form and must be submitted at time of application. All ACP dues are subject to change annually. For information on the benefits, you will receive as a Resident/Fellow Member, please visit [www.acponline.org/membership/residents](http://www.acponline.org/membership/residents). Benefits are activated once 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.

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](http://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.
- Members living outside of the United States pay discounted dues and may choose to receive online-only access to ACP publications. For information on dues rates for international members, please visit [www.acponline.org/dues](http://www.acponline.org/dues).
- 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 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](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. 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 not be processed. 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. Dues are prorated, and any unused portion will be credited to next year's dues.
3. Dues will not be charged for applicants not elected. Questions about group invoices for training programs should be directed to [rar@acponline.org](mailto:rar@acponline.org).
4. Upon acceptance of your application, you will receive notification from ACP.

**For Assistance, Call 800-227-1915**

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

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

**Send Application and Dues Payment:**

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