

**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.

**National Provider Identifier (NPI)** \_\_\_\_\_

(Provide your individual 10-digit NPI number)

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

(To assist in verifying information)

Applicant's ACP # (if known)

Code: \_\_\_\_\_

Date of Birth        
Month Day Year

Daytime Phone (required) \_\_\_\_\_

Cell Phone (required) \_\_\_\_\_

**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

**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 # \_\_\_\_\_  
Year Specify name of board and candidate number

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

Residency programs may place group membership orders for their residents using the ACP Residency Program Portal (RPP). Program Directors and Coordinators may access the RPP at [www.acponline.org/rpp](http://www.acponline.org/rpp).

**For membership year  
July 1, 2024–June 30, 2025  
Amount Due: \$134**

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) \_\_\_\_\_

# 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 ACP national and ACP Services. 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, and secondarily 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).
- 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. Consult your tax professional for more detail.

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