

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)

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

Education/Training Information:

☐ I have graduated from a medical school listed in the World Directory of Medical Schools: [www.wdoms.org](http://www.wdoms.org).

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

Transitional Graduate Membership is limited to physicians who have graduated medical school but have not yet entered a residency program in internal medicine, combined internal medicine programs, neurology, or fellowships in a subspecialty of internal medicine.

SECTION A

1. Are you currently completing an activity that is required as part of your medical school education? ☐ Yes ☐ No
2. Are you currently involved in research? ☐ Yes ☐ No
3. Are you currently living in the US preparing to enter a residency program? ☐ Yes ☐ No
4. Other

Please provide information below if you had previously completed a residency in internal medicine, combined internal medicine program, neurology, or fellowship in a subspecialty of internal medicine.

|            | Name of Institution | City | State/Province | Country | Dates |
|------------|---------------------|------|----------------|---------|-------|
| Residency  |                     |      |                |         |       |
| Fellowship |                     |      |                |         |       |

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

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

ACP USE ONLY

Full Name of Applicant (Please Print)

# Transitional Graduate Member International Only

### What is ACP Transitional Graduate Membership?

Transitional Graduate Membership is a temporary category of membership in ACP with all privileges except the right to hold office, vote, or to sponsor candidates for membership. Physicians who have graduated medical school but have not yet entered a residency training program in internal medicine, a combined internal medicine program, or neurology are eligible for the Transitional Graduate Membership. ACP membership is valid from date of join until June 30, 2026.

### How do I become a Transitional Graduate Member?

A signed application that meets the criteria for Transitional Graduate Member 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](http://www.acponline.org/chapters).

In countries where there is no ACP chapter, the applicant must be sponsored by a recipient of ACP Fellowship (FACP) or Mastership (MACP). If an ACP MACP or FACP cannot be located, the Dean or Chair of Medicine at the medical school where the applicant graduated may act as a sponsor for the applicant. To obtain a copy of the sponsorship form, please visit [www.acponline.org/intjoin](http://www.acponline.org/intjoin).

### When do I apply?

Physicians who have graduated medical school may apply at any time prior to entering a postgraduate training program in internal medicine, combined internal medicine program or neurology. This membership category will be terminated once the individual enters a residency training program or exceeds the three years available for this membership category.

Transitional Medical Graduate 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 one full year 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 are 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 Transitional Graduate Member term is two years with a one additional year extension granted upon request.

### 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 each entity. Members may not opt out of any of these entities.

### How to Apply for Transitional Graduate Membership

1. Be sure all information is accurate and complete to the best of your knowledge. You may be asked to provide information about your credentials. Acceptance is subject to verification.
2. Incomplete applications and those without dues payment will not be processed. Applicants not elected within six months of submission must submit a new application.
3. Dues will not be charged for applicants not elected.
4. Upon acceptance of your application, you will receive notification from ACP.

**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](mailto:help@acponline.org)

**Send Application, Dues Payment, and Supporting Documentation:**

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