

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 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, if applicable)

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

(If applicable; to assist in verifying information)

Applicant's ACP # (if known)

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

Date of Birth

MonthDayYear

Daytime Phone\_\_\_\_\_

Cell Phone\_\_\_\_\_

Preferred E-mail Address\_\_\_\_\_

(Required for immediate access to online member benefits, including journals)

Secondary E-mail Address\_\_\_\_\_

(For account authorization and deliverability purposes.)

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

Transitional Graduate Membership is limited to physicians who have graduated medical school but who have not yet entered an accredited residency training programs in internal medicine, combined internal medicine programs, or neurology.

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 \_\_\_\_\_

Graduate Medical Education

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

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.

Membership is valid from the time of payment processing until June 30, 2026. Dues are not prorated.

Amount Paid: \$145

☐ 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)

ACP USE 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 vote, hold office 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.

**When do I apply?**

Physicians who have graduated medical school may apply at any time prior to entering a residency 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.

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 a full year's 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 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 after medical school training is completed. Individuals may ask for a one-time, one-year extension for a total of three membership years.

**Important information about ACP membership:**

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 primarily to ACP, 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 have 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 Ethics Statement**

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 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 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