

Applicants for Transitional Graduate Membership who reside outside of an ACP Chapter must obtain a sponsor who is a current ACP MACP* or FACP. The sponsor may provide a letter of recommendation or use this sponsorship form.

Candidate Information:

Name: _____ ACP ID: _____
City/State or Province/Country: _____ (If Known or Applicable)
Date: _____

Application Verification (Please choose all that apply.)

- I confirm the applicant holds a degree of doctor of medicine, bachelor of medicine, master of surgery or its equivalent for his/her country of residence.
- I know the applicant personally and recommend him/her for Transitional Graduate membership.
- I do not know the applicant but can attest to the accuracy of the information on the application.

Sponsor Information

I am a current ACP FACP or MACP*

Name: _____
E-mail: _____
ACP ID: _____

Signature

I am the applicant's Dean or the Chair of Medicine in the medical school where the candidate graduated.

Name: _____
Position Held: _____
E-mail: _____

Signature

Requirements for ACP Transitional Graduate Membership:

- Applicant must hold a degree of doctor of medicine, bachelor of medicine, master of surgery, or doctor of osteopathy, or the equivalent for the country where the medical education took place.
- Applicants for Transitional Graduate Membership who reside outside of an ACP Chapter must obtain a sponsor who is a current ACP MACP* or FACP. The sponsor may provide a letter of recommendation or use this sponsorship form.
- Applicant has not yet entered a residency program in internal medicine, a combined internal medicine program, or neurology.

Additional Information

- This membership category is available for a total of two membership years, but a one-time, one-year extension may be requested for a total of three membership years.
- This membership category will be terminated once the individual enters a residency training program or exceeds the three years available for this membership category.

*MACP: Recipient of Mastership.

All ACP members are expected to have read the ACP Pledge (www.acponline.org/acppledge) and to uphold the ethics of medicine as exemplified by the standards and traditions of the College.

Questions: Please send your questions or comments to the ACP Credentialing Section via e-mail at help@acponline.org.

Visit www.acponline.org/membership for additional information on the requirements and benefits of membership.

The recommendation can be submitted with the application,
or the sponsor can send it directly to ACP by faxing to +1-215-351-2799
or via e-mail at help@acponline.org.