

The ACP Guided Fellowship Program provides early career physicians with a guided pathway towards meeting the requirements for ACP Fellowship over a three-year period. This opportunity is only available in the year that a Resident/Fellow Member transitions to full ACP Membership.

Applicant Contact Information

Last First MI

Company Name (if applicable)

Dept. Suite Apt. Post Office Box

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)

Other surname used professionally
(To assist in verifying information)

Professional Information

Please indicate as your "primary" specialty/subspecialty the area in which you spend most of your time. As your "secondary" specialty/subspecialty, indicate the one in which you spend the next most amount of time (if applicable).

Use the codes below

Primary Secondary

Self-designated Specialty/Subspecialty Codes

IM	General Internal Medicine	HEM	Hematology	NEP	Nephrology
ADL	Adolescent Medicine	HEO	Hematology/Oncology	PUD	Pulmonary Disease
AI	Allergy and Immunology	HM	Hospital Medicine (Hospitalist)	RHU	Rheumatology
CCM	Critical Care Medicine	HPM	Hospice & Palliative Medicine	SLEEP	Sleep Medicine
CD	Cardiovascular Disease	ID	Infectious Disease	SPORT	Sports Medicine
END	Endocrinology, Diabetes, and Metabolism	ON	Medical Oncology	OS	Other
GE	Gastroenterology	MPD	Medicine-Pediatrics		
GER	Geriatric Medicine	N	Neurology		

I understand that I must maintain my ACP Membership in good standing throughout the duration of the ACP Guided Fellowship Program.
I further understand that I must meet all of the requirements within three years to be eligible for Fellowship through this program.

I understand that as a Member of ACP, I am expected to uphold the ethics of medicine as exemplified by the standards and traditions of the College, including those in the Ethics Manual (www.acponline.org/ethics manual).

I understand that I must maintain an active and current medical license if I am in practice. I will alert the College if my medical license is found not in good standing at any time, or if I am the subject of disciplinary action.

PLEASE DO NOT DETACH.

ACP USE ONLY

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 215-351-2799.

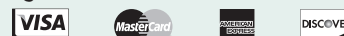
Candidates not elected to Fellowship will be offered a full refund/credit.

Advancement to Fellowship Initiation Fee: \$150 USD

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

Name of Applicant (please print)

Guided Fellowship Program Enrollment

Note: If a participant fails to meet the requirements of the Guided Fellowship Program, all activities completed as part of it may be used to qualify through the traditional ACP Fellowship application process. In addition, the fee paid as part of this program may be credited toward a future ACP Fellowship application.

Member Profile Questions

Which of the following best describes how you define your professional focus?

- Internal medicine specialist (i.e., specialize in general internal medicine)
- Hospitalist
- Internal medicine subspecialist (e.g., cardiologist, pulmonologist)
- Non-internal medicine subspecialist (e.g., neurologist)

What is your primary professional activity?

- Direct patient care
- Administrative activities
- Medical education/teaching
- About equal time in both direct patient care and administrative activities
- About equal time in both direct patient care and medical education/teaching
- Medical research
- Temporarily not working in medicine
- Retired
- Other (may include volunteer work)

Which of the following best describes the location of your patient care?

- No patient care
- All outpatient
- Primarily outpatient with some inpatient
- Primarily inpatient with some outpatient
- All inpatient

Overall, what percentage of your professional time is spent with your patients delivering primary care (i.e., being the first contact and providing continuing or ongoing care for a wide range of health problems)?

- None
- Less than 25%
- 25% to 49%
- 50% to 74%
- 75% or more