

# MEMBERSHIP APPLICATION

## FOR POST-TRAINING PHYSICIANS IN THE U.S.

**To apply for Membership:**  
**1. Complete and sign application below.**  
**2. Enclose your dues payable to: ACP (or include credit card information on the application) and return by fax or mail.**



**Full Name of Applicant**

\_\_\_\_\_  
 Last First MI

\_\_\_\_\_  
 Street and Number

\_\_\_\_\_  
 City State ZIP

Mailing Address:  Home  Office

Please check here if you wish to be excluded from non-ACP-related mailings.

Current Military Rank: \_\_\_\_\_

I wish to be part of the following U.S. Armed Forces ACP Chapter:

U.S. Army  U.S. Air Force  U.S. Navy

Other surnames used professionally: \_\_\_\_\_  
 (to assist in verifying information)

**National Provider Identifier (NPI):** \_\_\_\_\_ (provide your individual 10-digit NPI number)

**TRAINING/BOARD STATUS** (check choice that applies to you):

I have been certified by the American Board of Internal Medicine, American Osteopathic Board of Internal Medicine, one of the Royal Colleges in internal medicine, or the American Board of Psychiatry and Neurology in neurology.



Attached is a copy of my Residency Completion Certificate resulting from my successful completion of an approved internal medicine training program, a combined internal medicine residency program, or a neurology program **(required for applicants not board-certified).**

If neither of these apply, please contact the ACP Member Credentialing Section at (800) 523-1546, (ext. 2704) before completing this application.

**Self-designated Specialties** – 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 codes on reverse.**

Primary   
 Secondary

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

Name of Board	Candidate #	Date Certified	Expiration Date	Date Recertified	Expiration Date

**SIGNATURE OF APPLICANT:** I affirm that all medical licenses granted to me are current, and that I have not been the subject of disciplinary action.\* I understand that, in order to evaluate my application, ACP will review my credentials. I agree to cooperate in such a review and allow others to provide information regarding my credentials. To the best of my knowledge, all information furnished by me in this application and in the supporting documentation is true and complete. 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.

\* Check here if your medical license is not in good standing, or if you have been subject to disciplinary action, and attach a detailed explanation, including current status, of any issue(s).

**Sign Here**

Signature of Applicant **(Required)**

Date

**Applicant Please Note:** The following information will help provide ACP with accurate membership statistical data but will not be considered in connection with your application for Membership. Completion is optional.

**GENDER:**

Male  
 Female  
 Elect not to specify

**ETHNICITY:**

White, not of Hispanic origin (1)  
 African/African American (2)  
 Asian/Asian American (3)

Arab (4)  
 Hispanic (5)  
 Indian (I)  
 Pakistani (P)

Native American/Alaskan Native (7)  
 Pacific Islander (8)  
 Other (9)  
 Elect not to specify (E)

**For ACP Use Only**

**DNS Status** \_\_\_\_\_ **Elected** \_\_\_\_\_ **Payment Rec'd:** \_\_\_\_\_

**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 215-351-2759.

Please see the back of this application for additional membership dues information. Dues are for the membership year July 1, 2013 – June 30, 2014

Amount Paid \_\_\_\_\_  
 (See reverse side for dues rates)

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)

## 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		

### DIRECTIONS

For additional requirements or to join online, go to [www.acponline.org/join](http://www.acponline.org/join). International applicants should complete an International Membership Application and refer to the College's Web site for dues rates.

#### 1. Materials To Be Submitted

- The application form. The information provided *must* be accurate, complete, and *signed*.
- Applicants who are not board-certified *must* include a copy of their Residency Completion Certificate.
- Applicants certified by boards other than ABIM *must* provide proof of certification.
- Dues payment. (See dues rates below.)

**The application form and supporting documentation, along with dues payment, should be sent to ACP, Member Credentialing, 190 N. Independence Mall West, Philadelphia, PA 19106-1572.**

Notification of election is approximately four to six weeks after the application has been approved.

If an applicant does not fulfill requirements, the ACP Governor and/or the Credentials Committee may request additional information. Applicants not elected within six months of submission must submit a new application and supporting documentation.

#### 2. National and Chapter Membership

Membership in the national ACP includes membership in the local chapter, based on the member's preferred mailing address or current military service. Members may request an alternative chapter assignment by contacting ACP (see contact information below).

ACP members are offered the exclusive benefit of access to "Member Connection." This is an online directory of ACP members (unless they asked not to be included) that is accessible to *members only* via [www.acponline.org](http://www.acponline.org).

#### 3. ACP Ethics Statement

ACP members are expected to uphold the ethics of medicine as 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 Customer Service. Members should be familiar with the College's current Procedures for Addressing Ethical Complaints Against College Physician 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.

#### 4. Membership Dues

A dues payment must be submitted with your application. Please include a full year's dues payment (see chart below). A credit of the unused portion will be applied to your next year's dues.

2013-2014 DUES RATES (July 1, 2013 – June 30, 2014)	
Members	United States
Current Resident/Fellow Members applying for Membership	\$235
8 years or less out of medical school	\$235
9 years or more out of medical school	\$485

If you prefer, you may remit a prorated dues amount based on the month you are applying. For information on prorated dues amounts, visit [www.acponline.org/dues](http://www.acponline.org/dues).

Resident/Fellow Members who have successfully completed an approved training program and whose dues are current should contact Member Credentialing (contact information below) about automatic election to Membership. Resident/Fellow Members elected directly to full Membership (either by automatic election or via application form) receive a reduction in dues during the early part of their careers.

ACP's membership year is from July 1 to June 30 each year. All ACP dues are subject to change annually. Chapter dues are waived for newly elected members. Upon membership renewal, annual dues will include fees to support both the national ACP and your local chapter. For the renewal dues rate in your chapter, please visit [www.acponline.org/dues](http://www.acponline.org/dues).

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.

For assistance, e-mail us at [custserv@acponline.org](mailto:custserv@acponline.org), or call Member Credentialing at 215-351-2704, or toll-free 800-523-1546, extension 2704 (M-F, 9 a.m.-5 p.m. ET).