American College of Physicians
Leading Internal Medicine, Improving Lives

Physician Affiliate Membership Application for Physicians in the United States

CHS5069-3

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 (Required):

Marketing Code: RAC1617

Last First MI

Street and Number

City State ZIP

National Provider Identifier (NPI) 10-digit Number

Mailing Address: ☐ Home ☐ Office

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

Applicant's ACP# _____

Date of Birth (Required) ☐☐ Month ☐☐ Day ☐☐ Year

Daytime Phone _____

Daytime Fax _____

Cell Phone _____

Preferred E-mail Address _____
(Required for immediate access to online member benefits including journals)

If an ACP member recruited you, please print his/her name

Recruiting member ACP # (if known)

EDUCATION/TRAINING INFORMATION (Required):

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

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

☐ My primary specialty is: ☐ Family Medicine/Family Practitioner ☐ Pediatrics ☐ Obstetrics ☐ Gynecology ☐ Surgery ☐ Emergency Medicine
☐ Other (please identify) _____

SIGNATURE OF APPLICANT: I affirm that I hold a current active medical license. I affirm that I have not been the subject of disciplinary action.* I understand that in order to evaluate my application, ACP may 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) 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 active or if you have ever been the subject of disciplinary action, and attach a detailed explanation, including status of any issues(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.

Membership Dues Rates
$495 - 9 years or more out of medical school.
$235 - 8 years or less out of medical school.

Dues are for the membership year July 1, 2016–June 30, 2017.

ACP USE ONLY

Amount Paid _____

☐ **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

PAYMENT REQUIRED WITH APPLICATION
Send application with payment to: Member Credentialing, American College of Physicians, 190 N Independence Mall West, Philadelphia, PA 19106-1572, or fax to (215) 351-2759.

Full Name of Applicant (Please Print)

INSTRUCTIONS

1. Eligibility

- Eligibility for ACP Physician Affiliate membership shall include licensed physicians who graduated medical school from a school listed in the World Directory of Medical Schools (**www.wdoms.org**). Further, ACP Physician Affiliate membership is only available to physicians not trained in or practicing in internal medicine and who hold a current license to practice in their field of medicine. Physicians trained in or practicing internal medicine should complete an application for full ACP Membership at **www.acponline.org/join**.
- All applications are subject to review by ACP's Credentials Committee. If an application 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.
- Physician Affiliate members are not eligible to vote, hold office, sit on a committee that does not have seats for non-members, or attain Fellowship in ACP.

2. Materials to be submitted

Generally, the election process takes approximately two weeks providing the application is complete and includes a dues payment.

- The application form must be accurate, complete, and signed.
- Dues payment must accompany the application for the membership to be activated.
- Where to submit application materials:

  Member Credentialing
  American College of Physicians
  190 N. Independence Mall West
  Philadelphia, PA 19106-1572
  Fax: (215) 351-2759

3. Membership Dues

ACP Physician Affiliate membership dues are based upon years since medical school graduation. A full year's dues payment must be submitted with your application. Dues are pro-rated and any unused portion will be credited to next year's dues. If you prefer, you may remit a prorated dues amount based upon the month you are applying. For information on prorated dues amounts, visit **www.acponline.org/dues**.

ACP's membership year is from July 1 to June 30 each year. Your dues are allocated to several specific entities: ACP, ACP Services, and your local chapter. All dues are subject to change annually. Chapter dues are waived for newly elected members. Upon renewal of your Affiliate membership, annual dues will include fees to support both the national ACP and your local chapter. For renewal dues rates in your chapter, please visit **www.acponline.org/dues**.

4. ACP Ethics Statement

All ACP members are expected to uphold the ethics of medicine as exemplified by the standards and traditions of ACP, including those found in the *ACP Ethics Manual* (**www.acponline.org/ethicsmanual**). A booklet version may be ordered through Member and Customer Service. Physician Affiliate members should be familiar with the College's current procedures for addressing ethical complaints against College physician members (**www.acponline.org/complaintsprocedures**). The staff of ACP's Center for Ethics and Professionalism is available as a resource for questions concerning ethics.

For questions about requirements and procedures, e-mail ACP at **custserv@acponline.org**, or call Member Credentialing at (215) 351-2855; or toll-free (800) 523-1546, ext. 2855 (M–F, 9:00 a.m. to 5:00 p.m. ET).

Benefits included with your membership dues:

- *Annals of Internal Medicine* — featuring *In the Clinic*®
- ACP JournalWise®
- Discounted registration to ACP's annual Internal Medicine meeting
- ACP's patient education resources

Benefits included with membership or at significantly discounted pricing:

- Discounted registration to ACP's annual Internal Medicine meeting
- Medical Knowledge Self-Assessment Program®
- ACP's Clinical Skills Program
- Access to the ACP Group Insurance and professional liability coverage