



American College of Physicians
Leading Internal Medicine, Improving Lives

International Membership Application

CH56126-4

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.

Applicant Contact Information

Last _____ First _____ MI _____

Street and Number _____

City _____ State/Province _____

ZIP/Postal _____ Country _____

Mailing Address: Home Office

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

Other surnames used professionally: _____
(To assist in verifying information)

Training/Board Status* (check choice that applies to you):

I have been certified by a recognized certifying body in internal medicine or neurology.



Applicant's ACP # (if known)

Code: RAC1718

Date of Birth
Month Day Year

Daytime Phone _____

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) _____

I affirm that I have successfully completed a residency in internal medicine, a combined internal medicine program or neurology.

Date of Completion _____
Month/Year

*If neither of these apply, please contact the ACP Credentialing Section at custserv@acponline.org before completing this application.

Applicants in Canada must be certified in internal medicine. Non-certified applicants outside of an ACP Chapter must also attach one sponsoring letter or Membership Sponsoring Form from a current Fellow or Master of ACP.

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

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

Name of Certification/Degree/Exam	Candidate #	Date Certified Certification/Degree/Exam	Expiration Date (if applicable)	Date Recertified (if applicable)	Expiration Date (if applicable)

SIGNATURE OF APPLICANT: I affirm that I hold a current active medical license 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/memberpledge) 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 Resident/Fellow membership. Completion is optional.

Gender: Male Female Elect not to specify

For ACP Use Only

DNS Status _____ Elected _____ Payment Rec'd: _____

PLEASE DO NOT DETACH.

Please choose Membership option:

- Full Membership with Print Publications: \$320
 - Online-only Full Membership without print publications: \$230/\$160/\$110
- (Please visit www.acponline.org/internationaldues for specific dues rates by country)
All dues quoted are for the membership year July 1, 2017 to June 30, 2018.

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 +1 (215) 351-2759.

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

Applicants in the United States should use the domestic Membership application, accessible at www.acponline.org/join.

1. Materials To Be Submitted

- The application form. The information provided *must* be accurate, complete and *signed*.
- Applicants who are not board certified and reside outside of an ACP chapter must include a sponsoring letter or Membership Sponsoring Form, found at www.acponline.org/intjoin, from a current ACP Fellow or Master. If the candidate is unable to locate a current Fellow or Master, a departmental Director (or equivalent) or Chair of Medicine may be substituted.
- 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 USA.

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

If a Membership 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 and supporting documentation.

2. About ACP Membership

Membership in ACP includes membership in ACP, your local ACP country/regional chapter, and ACP Services. A portion of your dues supports each entity. Members may not opt-out of any of these entities.

- ACP provides education, information and publications in support of its mission -*To enhance the quality and effectiveness of health care by fostering excellence and professionalism in the practice of medicine. To learn more about ACP activities visit www.acponline.org.*
- ACP Services, Inc., supports efforts to improve the practice of internal medicine. For information on the activities that fall within ACP Services, please visit www.acpservices.org.
- ACP country/regional chapter structure allows the College to provide programming and networking to members that reflects the needs of local physicians. Visit www.acponline.org/chapters to learn more.
- ACP members are offered the exclusive benefit of 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 to learn how dues are apportioned to each entity.

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). 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). 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.

International Dues Rates (July 1, 2017–June 30, 2018)	
Membership Options	Dues Rate
Membership with print publications*	\$320
Membership with online-only access to publications	\$230/\$160/\$110**

*Canadian residents should include the appropriate GST/HST tax if choosing the print publications option.

**This rate varies per country based on World Bank economic indicators. For dues by country, please visit www.acponline.org/internationaldues.

If you prefer, you may remit a prorated dues amount based on the month you are applying. For information on prorated dues amounts, please contact Member Credentialing (contact information below) or visit our Web site at www.acponline.org/internationaldues.

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 questions about qualifications and procedures, e-mail ACP at custserv@acponline.org, or call Member Credentialing at +1 (215) 351-2709; or toll-free in the U.S. or Canada, (800) 523-1546, ext. 2709 (M–F, 9 a.m. to 5 p.m. ET).

For Assistance, (in U.S. or Canada) call (800) 523-1546 (ext 2600), +1(215) 351-2400 (ext 2600)

(M–F, 9 a.m. to 5 p.m.)

E-mail: custserv@acponline.org

Send Application, Dues Payment and Supporting Documentation:

ACP, Member Credentialing, 190 N. Independence Mall West, Philadelphia, PA 19106-1572