



American College of Physicians
Leading Internal Medicine, Improving Lives

Application for Advancement to Fellowship

For Current ACP Members

AS9203-2

To apply for Fellowship:

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.
3. Please note the following requirements to apply for Advancement to Fellowship:
 - Member must be 3 years post residency training.
 - Member must have 3 prior years of paid membership in the College.

Applicant Contact Information

Last _____ First _____ MI _____

Company Name (if applicable) _____

Dept. _____ Suite _____ Apt. _____ Post Office Box _____ Private Mailbox _____

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.
(To assist in verifying information)

Education and Training

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 _____

Board Certification: Please list all board certifications. **Candidates must attach proof of board certification for all boards except ABIM and its subspecialties.**

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

Documentation of Professional Activities

Please note: Please select from the list below all of the professional activities you wish to have considered in determining your eligibility for Fellowship. For each item selected, please provide sufficient detail in your curriculum vitae or in a separate document to assist in determining whether the activity meets the standard for Fellowship.

Current Members must have a minimum of three years of membership in good standing post-training to advance to Fellowship.

Publications: Applicants who wish to have their publications included in determining eligibility *must include a bibliography of published articles* since the completion of training. Peer-reviewed journals are given more weight.

Continuing Medical Education (CME): Candidates must select one of the following. *Applicants do not need to provide additional documentation at this time though may be required to later.*

I have completed a total of _____ CME hours over the past three years.
I have not earned CME hours over the past three years.

Additional Educational Activities:

- Subspecialty certification
- Recertification
- Advanced degrees
- Certificates of special competence
- Participation in the Medical Knowledge Self-Assessment Program® (MKSAP) for CME credit
- Other _____

Teaching Activities:

- Community hospital _____ Office-based _____
- Institutional _____ Other _____

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)

National Provider Identifier (NPI)
(Provide your individual 10-digit NPI number. For U.S. applicants only.)

Leadership Activities: Please select those where you are actively influencing the outcomes within your professional work setting or community:

- Medical director
- Committee chair
- Committee participant
- Health advocacy
- Quality improvement initiatives
- Medical volunteerism
- Nonmedical volunteerism
- Other _____

ACP Activities: If you have been involved in a local or national ACP-related activity, please note below:

- Attendee of an ACP meeting or course
- Faculty at an ACP meeting or course
- ACP committee member
- Other _____

Please visit www.acponline.org/facp for information on additional professional activities.

Both sides of application must be completed. ↗

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 USA, or fax to 215-351-2799.

Initiation Fee: \$175

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:

- VISA
- MasterCard
- American Express
- Discover

Card # _____

Exp. Date _____ / _____ Security Code _____

Signature _____

Required

Full Name of Applicant (Please Print)

Sponsors

All candidates submitting an application must identify two sponsors who are current MACPs or FACPs from the same ACP chapter as the candidate. The current ACP Governor for the candidate's chapter/region or a member of the candidate's family may not act as sponsors. Please visit www.acponline.org/facp to locate sponsors in your area. If you do not know the sponsor professionally, please provide them with a copy of your curriculum vitae.

Sponsor #1 Name: _____

E-mail: _____

Sponsor #2 Name: _____

E-mail: _____

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 Product Support. 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.

SIGNATURE OF APPLICANT: I affirm that all medical licenses granted to me are active and 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) 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

Materials Required to Complete the Fellowship Application Process

Applications will not be considered until all materials are submitted and complete. After six months, applications with missing information or documentation will be removed from consideration and the applicant will be required to resubmit all materials. Sample forms and materials are at www.acponline.org/FACP. Please use the list below as a reference for the materials that must be submitted for Fellowship.

Application Form, completed and signed. Please retain a copy for your records.

Fellowship Application Fee, enclosed with application. Please note: Membership dues must be current. If dues are outstanding for the current membership year, please visit www.acponline.org/dues to make a payment prior to submitting this application.

Current Curriculum Vitae: There should be **no gaps** from medical school graduation. Append additional documentation as appropriate.

Bibliography if you wish to have published works considered for Fellowship eligibility.

Proof of Board Certification(s) for all boards **except** for ABIM and its subspecialties.

Sponsorship Letters or Forms: You or your sponsors may submit the letters/forms along with this application by fax 215-351-2799 or by e-mail at FACP@acponline.org.

Submission Information and Schedule

You will be sent an acknowledgment after receipt of your application. **If an applicant does not fulfill requirements, the ACP Governor and/or the Credentials Committee may request additional information.** Incomplete applications will be withdrawn six months after the initial submission. Applicants not elected within six months of submission must submit a new application and supporting documentation.

Applications which are complete and accompanied by all required fees and supporting documentation will be considered for the next election upon completion of the review process. Generally, the review process takes approximately four months before the election is finalized. Some applications may require review at a Credentials Committee meeting, traditionally held in May and November.

Notification of Election

The Credentials Committee approves and formally "elects" Fellowship candidates on behalf of the Board of Regents and with their input. Candidates are officially notified of their election or the deferral of their application in writing. Fellowship elections are held in July, September, November, January, and March of each year.

Please keep a copy of your application for your records.

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		

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	Ethnicity:	Arab (4)	Native American/Alaskan Native (7)
Male	White, not of Hispanic origin (1)	Hispanic (5)	Pacific Islander (8)
Female	African/African American (2)	Indian (I)	Other (9)
Elect not to specify	Asian/Asian American (3)	Pakistani (P)	Elect not to specify (E)

For Assistance, Call 215-351-2704 or 800-227-1915 in United States or Canada

(M-F, 9 a.m-5 p.m. ET)

E-mail: help@acponline.org

Send Application and Dues Payment:

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