American College of Physicians
Leading Internal Medicine, Improving Lives

Non-Physician Affiliate Application

AS8145-6

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

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.

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

Applicant's ACP # (if known)

Code:

Date of Birth Month Day Year
Month Day Year

Daytime Phone

Cell Phone

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

License State

License Number

Expiration Date

Other surname used professionally
(To assist in verifying information)

Type of License:

☐ Clinical Nurse Specialist
☐ Clinical Pharmacist
☐ Clinical Psychologist
☐ Licensed Practical Nurse
☐ Nurse Practitioner
☐ Physician Assistant
☐ Registered Nurse
☐ Other (please identify)

If you are unable to check the box above, please contact ACP Member Credentialing directly at help@acponline.org.

Primary Employer:

☐ Full/part owner of privately owned practice
☐ Employee of a privately owned practice
☐ Academic medical center (AMC)/medical school
☐ Private community hospital
☐ Federal government (including military)
☐ State or local government
☐ Multispecialty clinic
☐ Insurance company or HMO
☐ Locum tenens
☐ Other

SIGNATURE OF APPLICANT: I affirm that all licenses granted to me are in good standing and that I have not been the subject of disciplinary action. I agree that my professional conduct will be consistent with the ethical standards of ACP and of my profession. I understand that ACP may review my credentials in order to evaluate my application.

***☐ 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)

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.

Dues are for online-only access to benefits and are currently $119 per year (July 1, 2019–June 30, 2020).

Amount Paid

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 Month Year Security Code

Signature
Required

Full Name of Applicant (Please Print)

Reset Form

Instructions

1. Eligibility

Eligibility for ACP Non-Physician Affiliate membership shall include licensed nonphysician health care professionals working in the U.S. who maintain a professional credential to practice. Non-Physician Affiliate membership is available but not limited to physician assistants, nurse practitioners and other advanced practice nurses, registered nurses, pharmacists and doctors of pharmacy, genetic counselors, clinical social workers, and clinical psychologists.

2. Submission of Application Materials

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

Application form. All information must be completed, and the applicant must sign the application form. Incomplete or unsigned applications will be returned to the applicant. The applicant should retain a copy for his/her records.

Dues payment. ACP's membership year runs from July 1 through June 30 of each year. Annual dues include fees to support both the national ACP and your local chapter.

Address for mailing application:
Member Credentialing
American College of Physicians
190 N. Independence Mall West
Philadelphia, PA 19106-1572

3. Notification of Election

Applicants are sent a welcome e-mail within four weeks of election.

4. Questions

For questions about requirements and procedures, e-mail ACP at help@acponline.org or call Member Credentialing at 215-351-2864 or toll-free in the U.S. or Canada at 800-227-1915 (M–F, 9:00 a.m.–5:00 p.m. ET).