

To apply for membership:

1. Please complete all fields 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 /Province ZIP/Postal Code
 Country Mailing Address: Home Office
 Please check here if you wish to be excluded from non-ACP-related mailings.

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

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 benefit, including journals)

License State
 License Number
 Expiration Date

Registered Nurse
 Other (please identify)

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.

If you are unable to check the box above, please contact ACP Member Credentialing directly at help@acponline.org, or call toll-free +1-800-227-1915.

Sign Here 

Signature of Applicant (Required)

Date

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 +1-215-351-2799.

Dues are for online-only benefits and are currently \$119 USD per year
 (July 1, 2022 to June 30, 2023).

Amount Paid: \$119 USD

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)

Instructions

1. Eligibility

Eligibility for ACP Non-Physician Affiliate membership shall include licensed nonphysician health care professionals 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.
All ACP dues are subject to change annually. Chapter dues are waived for newly elected members. Annual dues include fees to support both the national ACP and your local chapter.

3. Notification of Election

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

For Assistance, Call 800-227-1915 or +1-215-351-2600

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

E-mail: help@acponline.org

Send Application and Dues Payment to:

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