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.

International Membership Application
For post-training physician members of the Royal College of Physicians - UK

TRAINING/BOARD STATUS* (check choice that applies to you):
I have been certified by a recognized certifying body in internal medicine or neurology.
*If neither of these apply, please contact the ACP Credentialing Section at help@acponline.org before completing this application.

Self-designated Specialties - Please indicate as “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.

EDUCATION/TRAINING INFORMATION (Required):
I have graduated from a medical school listed in the World Directory of Medical Schools: www.wdoms.org.

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 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).

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

For ACP Use Only
DNS Status ___________Elected _____________ Payment Rec’d: _____________

Please choose Membership option:
□ Full Membership with Print Publications: $260 USD
□ Online-only Full Membership without print publications: $184 USD
For ACP membership through June 30, 2020

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 215-351-2759.

Signature (Required)
1. Materials To Be Submitted

- The application form. The information provided must be accurate, complete and signed.
- For applicants who are not board certified, the RCP of London will serve as their membership sponsor.
- Applicants certified by a board other than the American Board of Internal Medicine or the General Medical Council in the UK, 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 Credentials Committee may request additional information. Applicants not elected within six months of submission must submit a new application and supporting documentation.

2. National and Chapter Membership

Membership in the national ACP includes membership in the local chapter, if applicable, based on the member’s preferred mailing address. Members can contact Member Credentialing (contact information below) to request an alternative chapter assignment.

ACP members are offered the exclusive benefit of access to “Member Connection.” This is an online directory of ACP members (unless they asked not to be included) that is accessible to members only via www.acponline.org. Members who wish to be excluded from Member Connection should submit the exclusion form found at www.acponline.org/exclusionform.

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 & Product Support. Members should be familiar with the College’s current Procedures for Addressing Ethical Complaints Against College Physician Members (www.acponline.org/complaintspolicies). 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.

**Membership Dues Rates** (through June 30, 2020)

<table>
<thead>
<tr>
<th>Membership Options</th>
<th>Dues Rate</th>
<th>Dues Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>RCP Affiliate</td>
<td>ACP Member*</td>
<td>$184 USD</td>
</tr>
<tr>
<td>RCP Associate</td>
<td>ACP Member*</td>
<td>$184 USD</td>
</tr>
<tr>
<td>RCP Fellow</td>
<td>ACP Fellow</td>
<td>$184 USD</td>
</tr>
</tbody>
</table>

*After three years of membership, ACP Members are encouraged to apply for ACP Fellowship. Dues subject to change annually. Applicants not elected may obtain a full refund. Member discounts are not valid on previously purchased items. Membership benefits will begin once payment is processed.