

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.

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)

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 _____

National Provider Identifier (NPI): _____
(Provide your individual 10-digit NPI number)

Other surname used professionally _____
(To assist in verifying information)

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

I have been certified by the American Board of Internal Medicine, American Osteopathic Board of Internal Medicine, one of the Royal Colleges in internal medicine, or the American Board of Psychiatry and Neurology in neurology.



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 Member Credentialing Section at 800-523-1546, ext. 2709, before completing this application.

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 _____

Name of Medical School	City	State/Province	Country	Year Graduated	Degree Earned

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

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/acpledge) 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 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) _____

For ACP Use Only
DNS Status _____ Elected _____ Payment Rec'd: _____

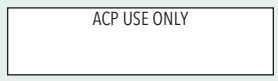
PLEASE DO NOT DETACH.

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.

Please see the back of this application for additional membership dues information. Dues are for the membership year July 1, 2019-June 30, 2020.

Amount Paid _____
(See reverse side for dues rates)



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

For additional requirements or to join online, go to www.acponline.org/join. International applicants should complete an International Membership Application and refer to the College's Web site for dues rates.

1. Materials to Be Submitted

- The application form. The information provided *must* be accurate, complete, and *signed*.
- Applicants certified by boards other than ABIM *must* provide proof of certification.
- Dues payment. (See dues rates below.)

If an applicant 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 national, your local ACP state/regional chapter, and ACP Services. A portion of your dues supports each entity. Members may not opt out of any of these entities.

- ACP national is a 501(c)(3) organization and 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.*
- ACP Services, Inc., is a 501(c)(6) organization and supports efforts to improve the practice of internal medicine. For information on the activities that fall within ACP Services, please visit www.acpservices.org. Please note—the portion of your dues allocated to ACP Services may be deductible as a business expense.
- ACP acts locally through its chapters and regions. If you reside where there is an ACP chapter or region, a portion of your dues support its activities. Visit www.acponline.org/chapters to learn more. Members may request an alternative chapter assignment by contacting ACP (see contact information below).
- 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 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.

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.

DUES RATES	
Membership Year July 1, 2019-June 30, 2020	
Members	United States
Current Resident/Fellow Members applying for Membership	\$260
8 years or less out of medical school	\$260
9 years or more out of medical school	\$545

If you prefer, you may remit a prorated dues amount based on the month you are applying. For information on prorated dues amounts, visit www.acponline.org/dues.

ACP's membership year is from July 1 to June 30 each year. All ACP dues are subject to change annually.

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 Assistance, Call 800-227-1915

(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