

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 _____ 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

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

National Provider Identifier (NPI)

(Provide your individual 10-digit NPI number)

Education/Training Information (Required):

I have graduated from a medical school listed in the World Directory of Medical Schools (www.wdoms.org).

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

My primary specialty is: Family Medicine/Family Practitioner Pediatrics Obstetrics Gynecology Surgery Emergency Medicine
 Other (please identify) _____

SIGNATURE OF APPLICANT: I affirm that I hold a current active medical license and that I have not been the subject of disciplinary action.* I understand that in order to evaluate my application, ACP may 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 active or if you have ever been the subject of disciplinary action, and attach a detailed explanation, including status of any issues(s).

Sign Here 

Signature of Applicant (Required) _____

Date _____

For ACP Use Only

DNS Status _____ Elected _____ Payment Rec'd: _____

PLEASE DO NOT DETACH.

Membership Dues Rates

- 9 years or more out of medical school: \$560
- 8 years or less out of medical school: \$364

Dues are for the membership year July 1, 2022–June 30, 2023.

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:



Card # _____

Exp. Date _____

Security Code _____

Signature _____
Required

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 +1-215-351-2799.

Full Name of Applicant (Please Print) _____

Instructions

1. Eligibility

- Eligibility for ACP Physician Affiliate membership shall include licensed physicians who graduated medical school from a school listed in the World Directory of Medical Schools (www.wdoms.org). Further, ACP Physician Affiliate membership is only available to physicians not trained in or practicing in internal medicine and who hold a current license to practice in their field of medicine. Physicians trained in or practicing internal medicine should complete an application for full ACP Membership at www.acponline.org/join.
- All applications are subject to review by ACP's Credentials Committee. If an application 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.
- Physician Affiliate members are not eligible to vote, hold office, sit on a committee that does not have seats for nonmembers, or attain Fellowship in ACP.

2. Materials to be submitted

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

- The application form must be accurate, complete, and signed.
- Dues payment must accompany the application for the membership to be activated.

3. Membership Dues

ACP Physician Affiliate membership dues are based upon years since medical school graduation. A full year's dues payment must be submitted with your application. Dues are prorated and any unused portion will be credited to next year's dues. If you prefer, you may remit a prorated dues amount based upon 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. Your dues are allocated to several specific entities: ACP, ACP Services, and your local chapter. All dues are subject to change annually. Chapter dues are waived for newly elected members. Upon renewal of your Affiliate membership, annual dues will include fees to support both the national ACP and your local chapter. For renewal dues rates in your chapter, please visit www.acponline.org/dues.

4. ACP Ethics Statement

All ACP members are expected to uphold the ethics of medicine as exemplified by the standards and traditions of ACP, including those found in the *ACP Ethics Manual* (www.acponline.org/ethicsmanual). A booklet version may be ordered through Member and Product Support. Physician Affiliate 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.

For Assistance, call 800-227-1915

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

Fax: +1-215-351-2799

E-mail: help@acponline.org

Send Application and Dues Payment:

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