

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 mail or fax.

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)

Secondary E-mail Address
(Required)

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)

Medical Education (International medical graduates—indicate last medical degree earned.)

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

Resident/Fellow Membership is limited to physicians accepted into accredited residency training programs in internal medicine, combined internal medicine programs, neurology, or fellowships in a subspecialty of internal medicine.

Present Position Example: Resident	PG Year Example: PGY1	Specialty/Subspecialty-Track Example: Internal Medicine-Categorical	Training Starts-Ends Example: 7/21-6/24

Print Name of Program Director _____ Program Phone _____

Graduate Medical Education (Indicate current training program)

	Name of Institution	City	State/Province	Country	Dates
Residency					
Fellowship					

If ABIM certified, specify year certified _____ and ABIM Candidate # _____

Year Specify year and name of board

SIGNATURE OF APPLICANT: I affirm that I have never been the subject of disciplinary action* and that information provided on this application is true and complete. I authorize ACP to obtain updated information from my training program for verification.

* Check here 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 _____

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 +215-351-2799.

Amount Paid: \$119

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 _____ / _____ Security Code _____

Signature _____ Required

Full Name of Applicant (Please Print) _____

Resident/Fellow Member Application

What is ACP Resident/Fellow Membership?

Resident/Fellow Membership is generally limited to physicians in approved residencies in internal medicine, combined internal medicine programs, or neurology, or to physicians in fellowships in subspecialties of internal medicine. Resident/Fellow Membership is a temporary category of membership in ACP with all privileges except the right to hold office or sponsor candidates for membership. Resident/Fellow Members in good standing after two years of membership have the right to vote.

Applicants outside of the U.S. should submit the international Resident/Fellow application found at www.acponline.org/intjoin.

When do I apply?

As soon as you have been accepted into an approved postgraduate training program in internal medicine, neurology, or a combined internal medicine program. Physicians who have successfully completed residency in internal medicine and are now in a fellowship in a subspecialty of internal medicine or while fulfilling an obligation as a medical officer in government service before completing such training.

How much are dues?

Dues are currently \$119 per year and are required with submission of the application. All ACP dues are subject to change annually. For information on the benefits, you will receive as a Resident/Fellow Member, please visit www.acponline.org/membership/residents. Benefits are activated once dues have been paid.

How long is the term?

As long as dues are kept current, the Resident/Fellow term is generally for the postgraduate years after medical school until training is completed. As the term of Resident/Fellow Membership draws to a close, you will have the option of applying for full membership.

Please note:

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 state/regional chapter: 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.

ACP members are expected to uphold the ethics of medicine 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 also be familiar with the College’s current procedures for addressing ethical complaints against ACP members (www.acponline.org/complaintsprocedures). The staff of ACP’s Center for Ethics and Professionalism is available as a resource for questions concerning ethics.

How to Apply for Resident/Fellow Membership

1. Be sure all information is accurate and complete to the best of your knowledge. Your training program may be asked to provide information about your credentials. Acceptance is subject to verification of your enrollment in an approved training program.
Incomplete applications and those without dues payment will not be processed. Applicants not elected within six months of submission must submit a new application.
2. A full year’s dues payment must be submitted with your application (\$119). 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 on the month you are applying. For information on prorated dues amounts, please visit us at www.acponline.org/dues.
3. Dues will not be charged for applicants not elected. Questions about group invoices for training programs should be directed to rar@acponline.org.
4. Upon acceptance of your application, you will receive notification from ACP.

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