SIGNATURE OF APPLICANT: I affirm that all medical licenses granted to me are in good standing and that I have not been the subject of disciplinary action.* I understand that, in order to evaluate my request for reinstatement, 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 request and in any 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).

Full Name of Applicant (Please Print)
Instructions

1. Eligibility
Eligibility for ACP Non-Physician Affiliate membership shall include licensed non-physician healthcare 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.** Dues are currently $109 USD per year (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. Upon membership renewal, annual dues will include fees to support both the national ACP and your local chapter, if applicable. The chapter dues rate for Non-Physician Affiliate Members will be $10 for the membership year July 1, 2017 through June 30, 2018.

- **Address for mailing application:**
  Member Credentialing
  American College of Physicians
  190 N. Independence Mall West
  Philadelphia, PA 19106-1572 USA

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

4. Questions
For questions about requirements and procedures, e-mail ACP at custserv@acponline.org, or call Member Credentialing at +1 (215) 351-2878; or toll-free in the U.S. or Canada, (800) 523-1546, ext. 2878 (M-F, 9:00 a.m. to 5:00 p.m. ET).