

To apply for membership:

1. Please complete all fields and sign application below. All fields are required unless otherwise noted.
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.

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

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)

Recovery E-mail Address _____
(For account authorization and deliverability purposes.)

Current Military Rank (if applicable): _____

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 _____
(If applicable; to assist in verifying information)

Education/Training Information:

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) _____

Demographic Information

Do you identify as Latinx, Latino, Latina or Hispanic?
 Yes No Prefer not to answer

Do you identify as Middle Eastern or North African?
 Yes No Prefer not to answer

With what racial group(s) do you identify? Please select all that apply.

Amer Indian, Native Amer, Indigenous or AK Native
 Asian, Asian American or Pan Asian
 Black, African American or Afro-Caribbean
 Native Hawaiian or Pacific Islander
 White
 Prefer to specify: _____
 Prefer not to answer

What is your gender?

Woman Man Genderqueer
 Non-Binary/Third Gender
 Prefer to self-describe: _____
 Prefer not to answer

Do you identify as Transgender?

Yes No Prefer not to answer

SIGNATURE OF APPLICANT: I affirm that I have not been the subject of disciplinary action and that if I am in clinical practice that all medical licenses granted to me are active and current*. 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.

***If you are in clinical practice and your medical license(s) is (are) not in good standing, or if you have been subject to disciplinary action, please attach a detailed explanation, including current status, of any issue(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

8 years or more out of medical school: \$565
7 years or less out of medical school: \$324

ACP membership is valid for one year from join date.

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.

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

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 or neurology and who hold a current license to practice in their field of medicine. Physicians trained in or practicing internal medicine or neurology 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 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.

The majority of your membership dues may be tax deductible as a business expense. Dues are based on your member class and years since medical school graduation (if applicable). Your dues are allocated to several specific entities: primarily to ACP, secondarily to your local chapter (where applicable), and tertiarily to ACP Services. Full payment of dues is required in order to maintain ACP membership in good standing. Total dues owed are subject to change annually. Please note:

- ACP is a 501(c)(3) organization. The majority of your total dues allocated is earmarked for education, information, and publications, all of which support the College's mission. In addition, a subscription price for members who receive ACP print publications is a component of your national dues. Subscriptions cannot be deducted from dues.
- ACP Services is a 501(c)(6) organization. The smaller portion of your total dues allocated belong to ACP Services. These are earmarked for lobbying and advocacy as well as other business and noncharitable functions and are not deductible as a charitable contribution for U.S. federal income tax purposes. For information on the activities that fall within ACP Services, please visit www.acpservices.org.
- If you reside in an area where there is an ACP chapter, or if you are a member of the military, a portion of your dues is allocated to your local or military chapter.
- Members living outside of the United States pay discounted dues and may choose to receive online-only access to ACP publications. For information on dues rates for international members, please visit www.acponline.org/dues.

ACP membership is valid for one year from join date. 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 Physician 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.

Please visit www.acponline.org/dues to learn how dues are apportioned to each entity. Consult your tax professional for more detail.

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