American College of Physicians
Leading Internal Medicine, Improving Lives

Canadian Non-Physician Affiliate Application

AS4002-12

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/Province _____ ZIP/Postal Code _____

Country _____ Mailing Address: Home Office

Please check here if you wish to be excluded from non-ACP-related mailings.

Other surname used professionally _____
(If applicable; to assist in verifying information)

Type of License:

Clinical Nurse Specialist
Clinical Pharmacist
Clinical Psychologist
Licensed Practical Nurse
Nurse Practitioner
Physician Assistant
Registered Nurse
Other (please identify)

Applicant's ACP # (if known)

Code: _____

Date of Birth Month Day Year
Month Day Year

Daytime Phone _____

Cell Phone _____

Preferred E-mail Address _____
(Required for immediate access to online member benefit, including journals)

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

License State _____

License Number _____

Expiration Date _____

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 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 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

PLEASE DO NOT DETACH.

ACP USE ONLY

PAYMENT REQUIRED WITH APPLICATION

Send application with payment to: American College of Physicians, Member Credentialing, 190 N. Independence Mall West, Philadelphia, PA 19106-1572, USA, or fax to +1-215-351-2799.

Dues are for online-only benefits and are currently $145 USD per year. ACP membership is valid for one year from join date.

Amount Paid: $145 USD

☐ **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 Month / Year Security Code _____

Signature _____
Required

_____
Full Name of Applicant (Please Print)

Reset Form

Instructions

1. Eligibility

Eligibility for ACP Non-Physician Affiliate membership shall include licensed nonphysician health care professionals working in Canada 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 their records.
- **Dues Payment.** ACP membership is valid for one year from join date.
  All ACP dues are subject to change annually. Chapter dues are waived for newly elected members. Annual dues include fees to support both the national ACP and your local chapter.

3. Notification of Election

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

For Assistance, Call 800-227-1915 or +1-215-351-2600
(M–F, 9 a.m.–5 p.m. ET)
E-mail: help@acponline.org

Send Application and Dues Payment to:
ACP, Member Credentialing, 190 N. Independence Mall West, Philadelphia, PA 19106-1572 USA