

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

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

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.)

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

Transitional Graduate Membership is limited to physicians who have graduated medical school but have not yet entered a residency program in internal medicine, combined internal medicine programs, neurology, or fellowships in a subspecialty of internal medicine.

SECTION A

1. Are you currently completing an activity that is required as part of your medical school education? Yes No

2. Are you currently involved in research? Yes No

3. Are you currently living in the US preparing to enter a residency program? Yes No

4. Other _____

Please provide information below if you had previously completed a residency in internal medicine, combined internal medicine program, neurology, or fellowship in a subspecialty of internal medicine.

	Name of Institution	City	State/Province	Country	Dates
Residency					
Fellowship					

SIGNATURE OF APPLICANT: I affirm that I have not been the subject of disciplinary action*. 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 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.

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.

ACP membership is valid for one year from join date.

Dues: \$39 USD

Amount Paid \$39 USD

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) _____

Transitional Graduate Member International Only

What is ACP Transitional Graduate Membership?

Transitional Graduate Membership is a temporary category of membership in ACP with all privileges except the right to hold office, vote, or to sponsor candidates for membership. Physicians who have graduated medical school but have not yet entered a residency training program in internal medicine, a combined internal medicine program, or neurology are eligible for the Transitional Graduate Membership. ACP membership is valid for one year from join date.

How do I become a Transitional Graduate Member?

A signed application that meets the criteria for Transitional Graduate Member along with the appropriate dues payment, is required prior to election.

The ACP Governor in chapter countries will be informed of applications received from these countries. For a list of ACP international chapters, please visit www.acponline.org/chapters.

In countries where there is no ACP chapter, the applicant must be sponsored by a recipient of ACP Fellowship (FACP) or Mastership (MACP). If an ACP MACP or FACP cannot be located, the Dean or Chair of Medicine at the medical school where the applicant graduated may act as a sponsor for the applicant. To obtain a copy of the sponsorship form, please visit www.acponline.org/intjoin.

When do I apply?

Physicians who have graduated medical school may apply at any time prior to entering a postgraduate training program in internal medicine, combined internal medicine program or neurology. This membership category will be terminated once the individual enters a residency training program or exceeds the three years available for this membership category.

Membership Dues Information

A dues payment must be submitted with your application. Please include one full year dues payment. Please see the front of the application for current dues information. All ACP dues are subject to change annually. Applicants not elected may obtain a full refund or credit. Member discounts are not valid on previously purchased items. Membership benefits will begin once the dues payment has been processed.

How long is the term?

As long as dues are kept current, the Transitional Graduate Member term is two years with a one additional year extension granted upon request.

About ACP Membership

Membership in ACP includes membership in your local ACP country/regional chapter, if applicable, and ACP Services. A portion of your dues supports each entity. Members may not opt out of any of these entities.

How to Apply for Transitional Graduate Membership

1. Be sure all information is accurate and complete to the best of your knowledge. You may be asked to provide information about your credentials. Acceptance is subject to verification.
2. Incomplete applications and those without dues payment will not be processed. Applicants not elected within six months of submission must submit a new application.
3. Dues will not be charged for applicants not elected.
4. Upon acceptance of your application, you will receive notification from ACP.

For Assistance, Call +1-215-351-2600 or 800-227-1915 in the U.S. or Canada

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

E-mail: help@acponline.org

Send Application, Dues Payment, and Supporting Documentation:

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