American College of Physicians
Leading Internal Medicine, Improving Lives

International Physician Affiliate Application

AS3018-9

To apply for membership:
1. Please complete all fields and sign application below.
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.

Applicant's ACP # (if known)

Code:_____

Date of Birth Month Day Year
Month Day Year

Daytime Phone (required)_____

Cell Phone (required)_____

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_____
(To assist in verifying information)

EDUCATION/TRAINING INFORMATION (Required):

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/General Practitioner Pediatrics Obstetrics Gynecology Surgery
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

PLEASE DO NOT DETACH.

Please choose Membership option:

Full Membership with print publications: $350 USD
Online-only Full Membership without print publications: $320/$165/$115 USD

(Please visit **www.acponline.org/intdues** for specific dues rates by country)
All dues quoted are for the membership year July 1, 2024–June 30, 2025.

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.

Full Name of Applicant (Please Print)

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:

VISA MasterCard AMERICAN EXPRESS DISCOVER

Card #

Exp. Date Month / Year Security Code

Signature _____
Required

Reset Form

INSTRUCTIONS

1. Eligibility

- Eligibility for ACP Physician Affiliate membership for international physicians shall include licensed physicians who graduated medical school from a school found 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 and who hold a current license to practice in their field of medicine. Physicians trained in or practicing internal medicine should complete a full Member application at **www.acponline.org/intjoin**.
- All elections are subject to review by ACP's Credentials Committee. If an application does not fulfill requirements, the ACP Governor (if applicable) 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. Dues rates vary by country based on World Bank economic indicators. Please refer to the dues rate in your country of residence located at **www.acponline.org/intdues**. ACP's membership year runs from July 1 through June 30 of each year. All ACP dues are subject to change at the start of each membership year. Dues are prorated for new members, and any unused portion will be applied to next year's dues. Your dues are allocated to several specific entities: ACP, ACP Services, and your local chapter, if applicable.

3. If there is an ACP chapter in your country, you will become a member of the chapter and, upon renewal of your ACP membership, you will be charged chapter dues, if applicable.

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 +1-215-351-2600 or 800-227-1915 in the U.S. or Canada
(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 USA