SIGNATURE OF APPLICANT: I af rm 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 a and current\*. I have read the ACP Pledge (www.acponline.org/acppledge) and af rm that I will uphold the ethics of medicine, as exemplied 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). Signature of Appli(Required) Date PLEASE DO NOT DETACH. PAYMENT REQUIRED WITH APPLICATION Amount Paid:\$109 USD Send application with payment to: American College of Physicians, Member Credentialing, 190 N. Independence Mall West, QCheck enclosed Must make payable to ACP, and remit in U.S. fund Philadelphia, PA 19106-1572, USA, or fax to +1-215-351-2799. drawn on a U.S. bank. Dues are for online-only bene ts and are currently \$109 USD per year

Full Name of Applicette Print)

(July 1, 2024–June 30, 2025).

## Instructions

## 1. Eligibility

Eligibility for ACP Non-Physician Affliate membership shall include licensed nonphysician health care professionals working in Canada who maintain a professional credential to practice. Non-Physician Affliate 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.