## International Membership Application

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pl for membership:					
ease complete all _ elds and sign application beloछ close _ our dues pa _able to ACP (or include credit ca	ard information on th	he application) and return b	fa or mail.		
aining/Board Status* (check choice that applie	es to you):	r	1 I affirm that I have suc	ccessfully completed a re	esidency in internal
I have been certified by a recognized certifying beinternal medicine or neurology.	ody in			d internál medicine prog	
neither of these apply, please contact the ACP Ci	redentialing Section			olication.	(month/year)
	•				cins du Québec.
plicants in Canada must be certified in internal n oncertified applicants outside of an ACP Chapter r					or MACP***.
•If-designated Specialties: Please indicate as you econdary" specialty/subspecialty, indicate the one in wh	ur "primary" specialty/: iich you spend the nex	subspecialty the area in which it most amount of time (if app	you spend most of your til licable). <b>Use codes on re</b> v	ne. As your <b>/erse.</b>	
ucation/Training Information (Required): I have graduated from a medical school listed in the W	Iorld Directory of Medi	ical Schools: www.wdoms.org			
Thave graduated from a medical school listed in the vi	rond Directory of Medi	ical scribols, www.wdoiris.org.			
Name of Certi, cation/Degree/E am	Candidate #	Date Certi, ed Certi, cation/Degree/ E am	E piration Date (if applicable)	Date Recerti, ed (if applicable)	E piration Date (if applicable)
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IMA Internal Medicine (Ambulatory) GE Gastroenterology Ν IMH Internal Medicine (Inpatient)/Hospitalist GER Geriatric Medicine IMAH Internal Medicine (Ambulatdrypatient) HEM Hematology ADL Adolescent Medicine HEO Hematology/Oncology Allergy and Immunology ΑI HPM Hospice & Palliative Medicine CCM Critical Care Medicine ID Infectious Disease Medical Oncology CD Cardiovascular Disease ON END Endocrinology, Diabetes, and MetabolismMPD Medicine-Pediatrics