

Application for Fellowship For Current Non-Members

To apply for membership:

1. Complete and sign application below.
2. Enclose your dues payable to:

Applicant Contact Information

Last _____ First _____ MI _____ Date of Birth _____
 _____ Month _____ Day _____ Year _____

Company Name (if applicable) _____
 Daytime Phone _____
 Cell Phone _____

Dept. _____ Suite _____ Apt _____ Post Office Box _____ Private Mail Box _____
 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. _____

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

National Provider Identifier (NPI):
 (Provide your individual 10-digit NPI number. For US applicants only.) _____

Medical School
Graduation Year _____

Other surname used professionally
 (To assist in verifying information) _____

Education and Training

Self-designated Specialties: Please indicate as your "primary" specialty/subspecialty the area in which you spend most of your time. As your "secondary" specialty/subspecialty, indicate the one in which you spend the next most amount of time (if applicable). **Use codes on reverse.**

Primary _____
 Secondary _____

Board Certification: Please list all board certifications. **Candidates must attach proof of board certification for all boards except ABIM and its subspecialties.**

Name of Board	Candidate #	Date Certified	Expiration Date	Date Recertified	Expiration Date

Documentation of Professional Activities

Direct Fellowship requires significant experience as well as a local, national or international reputation as an expert in personal injury. At least 10-years post training experience is required for direct election to Fellowship. Please note: Please select from the list below all of the professional activities you wish to have considered in determining your eligibility for Fellowship. For each item selected, please provide sufficient detail in your curriculum vitae or in a separate document to assist in determining whether the activity meets the standard for Fellowship.

Publications: Applicants who wish to have their publications included in determining eligibility *must include a bibliography of published articles* since the completion of training. Peer-reviewed journals are given more weight.

Continuing Medical Education (CME): Candidates must select one of the following. *Applicants do not need to provide additional documentation at this time though may be required later.*

- I have completed a total of _____ CME hours over the past three years.
 I have not earned CME hours over the past three years.

Additional Educational Activities:

- Subspecialty certification
- Recertification
- Advanced degrees
- Certificates of special competence
- Participation in the Medical Knowledge Self-Assessment Program® (MKSAP) for CME credit
- Other _____

Teaching Activities:

- Community hospital _____ Office-based _____
- Institutional _____ Other _____

Leadership Activities: Please select those where you are actively influencing the outcomes within your professional work setting or community:

- Medical director
- Committee chair
- Committee participant
- Health advocacy
- Quality improvement initiatives
- Medical volunteerism
- Non-Medical volunteerism
- Other _____

Both sides of application must be completed. 

PLEASE DO NOT DETACH.

Payment Information:

When applying for Direct Fellowship, candidates will be charged first year membership dues for their country of residence and a one-time Fellowship initiation fee.

PAYMENT REQUIRED WITH APPLICATION

Mail Application and payment information to:
 ACPIP
 1747 N MARION ST, DENVER CO, 80218

Dues: _____

Check enclosed. Must make payable to ACPIP
 _____ and remit in U.S. funds drawn on a U.S. bank.

Charge fees to:



Card # _____

Exp. Date _____

Security Code _____

Signature _____

Required

Full Name of Applicant (Please Print)

Sponsors

Sponsor #1 Name: _____

E-mail: _____

Sponsor #2 Name: _____

E-mail: _____

Check here if your medical license is not in good standing, or if you have been subject to disciplinary action, and attach a detailed explanation, including current status, of any issue(s).

Sign Here

Signature of Applicant (Required)

Date

Materials Required to Complete the Fellowship Application Process

Applications will not be considered until all materials are submitted and complete. After six months applications with missing information or documentation will be removed from consideration and the applicant will be required to resubmit all materials.

- Application Form, completed and signed. Please retain a copy for your records.**
- Dues for the first year of Membership plus the \$150 Fellowship Application fee. Fellowship Application Fee, enclosed with application.**
- Current Curriculum Vitae:** There should be **no gaps** from medical school graduation. Append additional documentation as appropriate.
- Bibliography** if you wish to have published works considered for Fellowship eligibility.
- Proof of Board Certification(s)** for **all boards except** for ABIM and its subspecialties.

Submission Information and Schedule

You will be sent an acknowledgment after receipt of your application, and will be notified if any additional information is needed. Incomplete applications will be withdrawn six months after the initial submission.

Applications which are complete and accompanied by all required fees and supporting documentation will be considered for the next election upon completion of the review process. Generally, the review process takes approximately four months before the election is finalized. Some applications may require review at a Credentials Committee meeting, traditionally held in May and November.

Notification of Election

The Credentials Committee approves and formally "elects" Fellowship candidates on behalf of the Board of Regents and with their input. Candidates are officially notified of their election or the deferral of their application in writing. Fellowship elections are held in July, September, November, January, and March of each year.

Please keep a copy of your application for your records.

SELF-DESIGNATED SPECIALTY/SUBSPECIALTY CODES

IM	General Internal Medicine	HEM	Hematology	NEP	Nephrology
ADL	Adolescent Medicine	HEO	Hematology/Oncology	PUD	Pulmonary Disease
AI	Allergy and Immunology	HM	Hospital Medicine (Hospitalist)	RHU	Rheumatology
CCM	Critical Care Medicine	HPM	Hospice & Palliative Medicine	SLEEP	Sleep Medicine
CD	Cardiovascular Disease	ID	Infectious Disease	SPORT	Sports Medicine
END	Endocrinology, Diabetes, and Metabolism	ON	Medical Oncology	OS	Other
GE	Gastroenterology	MPD	Medicine-Pediatrics	DC	Chiropractic
GER	Geriatric Medicine	N	Neurology		-additional cert. req.