Canadian Non-Physician A liate Application

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 and current*. I have read the ACP Pledge (www.acponline.org/acppledge) and af rm that I will uphold the ethics of medicine, as exempli ed 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 explana including current status, of any issue(s).	
Signature of Appli (Req uired)	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, Philadelphia, PA 19106-1572, USA, or fax to +1-215-351-2799.	©Check enclosedMust make payable to ACP, and remit in U.S. fu drawn on a U.S. bank.
Dues are for online-only bene ts and are currently \$109 USD	per year
(July 1, 2024–June 30, 2025).	
Full Name of Applicantse Print)	

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.