

United States and Canada Membership Application

We are pleased that you are interested in joining the American College of Chest Physicians (ACCP), a multidisciplinary international medical society with more than 17,000 active members in more than 100 countries.

REQUIREMENTS FOR US/CANADIAN FELLOW (FCCP)

Qualifications

- A Fellow shall be a physician or person holding a doctoral degree. Each nonphysician candidate shall hold a doctoral degree from a graduate institution accredited by an accrediting agency. Such degrees include, without limitation, PhD, PharmD, DNSc, DMSc, or DrPh.
- The candidate shall be a specialist in a discipline related to the function and diseases of the chest. Those disciplines include, without limitation: pulmonology, critical care, sleep medicine, thoracic surgery, or a related discipline. On a case-by-case basis, the Membership Committee may consider candidates having other specialties.
- The candidate (including, but not limited to, physician candidates working in a nonclinical setting) shall devote at least 50% of his or her professional time to the specialty identified in the second bullet point. On a case-by-case basis, the Membership Committee may waive the 50% requirement.
- The physician candidate living in the United States or Canada shall have current certification by both a primary medical or surgical board and an applicable subspecialty board. The certifying body must hold membership in at least one of the American Board of Medical Specialties, the American Osteopathic Association, or the Royal College of Physicians and Surgeons of Canada.
- The candidate shall obtain two recommendations from Fellows (FCCPs) of the ACCP. If the candidate is unable to obtain recommendations from Fellows, he or she shall obtain recommendations from two other ACCP Members and include a letter of explanation, if requested by the ACCP. The recommendations should be from people personally acquainted with the candidate and his or her work for a minimum of 1 year, who are not ACCP Allied or Affiliate members.

Rights and Privileges of Fellows

- Fellows shall be entitled to all privileges of the College, including, but not limited to, the right to vote at the meetings of Fellows and to hold office.
- Fellows shall be permitted to use the designation "FCCP"

REQUIREMENTS FOR US/CANADIAN MEMBER

Qualifications

- A Member shall be a physician or person holding a doctoral degree. Each nonphysician candidate shall hold a doctoral degree from a graduate institution accredited by an accrediting agency. Such degrees include, without limitation, PhD, PharmD, DNSc, DMSc, or DrPh.
- The candidate shall be interested in a discipline related to the function and diseases of the chest. Those disciplines include, without limitation: pulmonology, critical care, sleep medicine, thoracic surgery, or a related discipline. On a case-by-case basis, the Membership Committee may consider candidates having other specialties.
- The physician candidate who practices medicine shall have current certification by a primary medical or surgical board. The certifying body must hold membership in at least one of the American Board of Medical Specialties, the American Osteopathic Association, or the Royal College of Physicians and Surgeons of Canada.
- The physician candidate does not need training in a subspecialty.

Rights and Privileges of US/Canadian Members

- Members shall have all the privileges of Fellows except the right to vote or hold elective office.
- Members may not use the designation "FCCP"

CONTACT INFORMATION

Please print all information, and list your name EXACTLY as you would have it appear on all official documents. An incomplete application will delay the review process.

Last Name	First Name	Middle Initial
Country of Birth ()	Date of Birth (Month/Day/Year) <i>Confidential - Required for online authentication</i> ()	<input type="checkbox"/> Male <input type="checkbox"/> Female
Office Phone Number ()	Fax	
Home Phone Number (<i>Confidential</i>)	e-Mail Address (<i>Required</i>)	

Primary Address Home Office

This is the address that will be used for ACCP mailings. This address will appear in the online Membership Directory if no other address is listed under Directory Address below.

Line 1

Line 2

Line 3

City/State/Zip or City/Province/Country/Postal Code

Directory Address (*optional*) Home Office

Line 1

Line 2

Line 3

City/State/ Zip or City/Province/Country/Postal Code

Active Military Service (*US applicants only*)

Rank _____ Branch _____

FOR OFFICE USE ONLY

ACCP Account Number _____

NETWORKS/INSTITUTES – A FREE MEMBER BENEFIT

NetWorks are interdisciplinary interest groups providing the opportunity for your personal and professional alliance with the ACCP. You are encouraged to get involved in ACCP activities by joining one or more NetWorks. Each NetWork meets once a year at the annual CHEST meeting and communicates throughout the year via e-mail and teleconference.

Please indicate your NetWork/Institute choice(s) in the list below. Your e-mail address will automatically be added to the mailing list for each one you select. For more information about the individual NetWorks, refer to ACCP’s Web site: www.chestnet.org.

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Affiliate | <input type="checkbox"/> Critical Care Institute | <input type="checkbox"/> Members in Industry | <input type="checkbox"/> Pulmonary Vascular Disease |
| <input type="checkbox"/> Airways Disorders | <input type="checkbox"/> Cultural Diversity in Medicine | <input type="checkbox"/> Occupational and Environmental Health | <input type="checkbox"/> Respiratory Care |
| <input type="checkbox"/> Allied Health | <input type="checkbox"/> Disaster Response | <input type="checkbox"/> Palliative and End-of-Life Care | <input type="checkbox"/> Sleep Institute |
| <input type="checkbox"/> Cardiovascular Medicine and Surgery | <input type="checkbox"/> Home Care | <input type="checkbox"/> Pediatric Chest Medicine | <input type="checkbox"/> Thoracic Oncology |
| <input type="checkbox"/> Chest Infections | <input type="checkbox"/> Interstitial and Diffuse Lung Disease | <input type="checkbox"/> Practice Operations | <input type="checkbox"/> Transplant |
| <input type="checkbox"/> Clinical Pulmonary Medicine | <input type="checkbox"/> Interventional Chest/Diagnostic Procedures | <input type="checkbox"/> Pulmonary Physiology, Function, and Rehabilitation | <input type="checkbox"/> Women’s Health |

EDUCATION BACKGROUND/PROFESSIONAL EXPERIENCE

Degree	Name and Location of Institution(s)	Degree	Date Received
Undergraduate			
Medical Degree			
Postgraduate (PhD, MS, etc)			

Postgraduate Training

Training	Name and Location of Hospital(s)/Institution(s)	Type of Service (Specialty)	Date Completed
Internship/ International Equivalent			
Residencies/ International Equivalent			
Fellowship (Completed)			

Certification Boards List your primary/subspecialty board certifications in the order received, from the first to the most recent. If a Royal College certificate, indicate Fellow or Member.

Board	Country	Certification Date

Specialty

Primary (eg, Internal Medicine, Pediatrics, Surgery, Thoracic Surgery) Subspecialty (to which you devote the major portion of your current professional activity)

Current Employment List all current employment responsibilities (clinical care, private practice, research, teaching, administration, hospital appointments, academic appointments).

Responsibility/Task/Employment	Name of Institution(s) or Location of Private Practice	Your Title

Please indicate the activity that serves as your principal source of income.

Employment Type	<input type="checkbox"/> Group Practice (>5)	<input type="checkbox"/> Training Program	<input type="checkbox"/> HMO
<input type="checkbox"/> Chair/Chief/Head/Director not TPD	<input type="checkbox"/> Home Health Care	<input type="checkbox"/> Private Hospital	<input type="checkbox"/> Teaching/Academic
<input type="checkbox"/> Corporation	<input type="checkbox"/> Industry (equipment/device)	<input type="checkbox"/> Self-Employed Solo Practice	<input type="checkbox"/> Veterans Affairs (VA)
<input type="checkbox"/> Government Hospital	<input type="checkbox"/> Industry (pharmacologic)	<input type="checkbox"/> Sleep Medicine Laboratory	<input type="checkbox"/> Other _____
<input type="checkbox"/> Group Practice (<5)	<input type="checkbox"/> Medical Director of Respiratory Care		

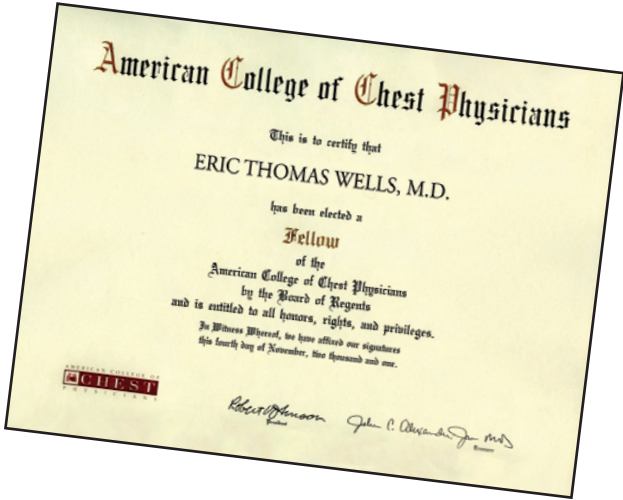
FELLOWSHIP IN THE AMERICAN COLLEGE OF CHEST PHYSICIANS

In 1943, the initials “FCCP” were adopted by the ACCP Board of Regents to signify a Fellow of the College.

If you are elected to ACCP Fellowship, you can use the “FCCP” initials and enjoy the prestige of being associated with a distinctive group of chest medicine professionals.

Fellowship gives you a greater voice and participatory privileges in the ACCP. Only FCCPs are allowed to vote on issues such as ACCP bylaws changes, election of officers, and other policy issues that affect the ACCP and its members. As a Fellow, you will also be eligible to hold office in the ACCP.

The annual Convocation Ceremony gives the ACCP the opportunity to publicly welcome and congratulate the new FCCPs and encourage them to become active in College activities.



Required: Select Category

Applying for Member Fellow

FELLOW (FCCP) APPLICANTS ONLY

Professional Time Allocation Please indicate the percentage of your time spent on the following activities: (your percentage should total 100%)

Administration _____ %	Consulting _____ %	Research _____ %	Other _____ %
Clinical Care _____ %	Industry _____ %	Teaching _____ %	

Professional Concentration

Percentage of total professional time devoted to a discipline related to the function and diseases of the chest _____%

Sponsors (Fellow [FCCP] Applicants Only)

Sponsors should be Fellows (FCCP) of the ACCP. If the sponsors are not Fellows, recommendations may be obtained from two other ACCP Members and include a letter of explanation, if requested by the ACCP. The sponsors should be people personally acquainted with you and your work for a minimum of 1 year and may not be ACCP Allied or Affiliate members. Sponsors’ signatures are **not required on this application**.

1. _____
Name

Address

City/State/Province

(_____)
Office Phone

e-Mail (Required)

2. _____
Name

Address

City/State/Province

(_____)
Office Phone

e-Mail (Required)

PAYMENT

All application forms MUST be accompanied by payment of the first year's annual dues and application fee.

Submitting this application with your dues and fees entitles you to immediately become a Member of the ACCP and receive all the benefits of membership. If you are applying for Fellowship (FCCP), you will be considered a Member until you have been notified of your approval as a Fellow (FCCP) of the ACCP.

\$497 (USD) - \$372 Member and Fellow dues plus one-time \$125 application fee

Credit Card Payment (preferred) VISA American Express Mastercard

Credit Card Number

Expiration Date (MM/YY)

Signature

Date

Check Payment

Check/Money Order No. (in US currency drawn on a US bank)

Payable to: American College of Chest Physicians

I release and discharge the American College of Chest Physicians (ACCP), its Officers, Regents, Governors, and employees, from all claims, actions, damages, and expenses of any kind arising from any action taken on this application.

Signature

Date

RETURN SIGNED AND COMPLETED APPLICATION WITH YOUR PAYMENT TO:

ACCP Membership
 American College of Chest Physicians
 3300 Dundee Road, Northbrook, Illinois 60062-2348 USA
 or Fax to: (847) 498-5460