

# International Membership Application

for countries other than the United States or Canada

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 INTERNATIONAL 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 a country other than the United States or Canada shall have current certification by a primary medical or surgical certifying body approved by the Membership Committee and current certification by the appropriate medical or surgical subspecialty certifying body. In countries without certifying bodies, the candidate need not comply with these requirements.
- 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 INTERNATIONAL 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 if this is required to practice medicine in his/her country.
- The physician candidate does not need training in a subspecialty.

### Rights and Privileges of International 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 <i>(Country and City Code, Local Number)</i>	Fax <i>(Country and City Code, Local Number)</i>	
Home Phone Number <i>(Country and City Code, Local Number)</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/Province/Country/Postal Code

**Directory Address** *(optional)*    Home    Office

Line 1
Line 2
Line 3
City/Province/Country/Postal Code

**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](http://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
Medical School (eg, MD, MBBS, MBChB, etc)			
Postgraduate Education (eg, PhD, MS, etc)			

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

\*Training after completion of medical degree (eg, General Surgery, Internal Medicine, Respiriology, Intensive Care).

**Certification Boards (for Countries With Certifying Bodies)** List your primary/subspecialty board certification(s) in the order received, from the first to the most recent. If a Royal College certificate, indicate Fellow or Member.

Board Name	Country	Certification Date

### Specialty

Primary (eg, General Surgery, Internal Medicine)

Subspecialty (eg, Respiriology, Intensive Care, Cardiothoracic Surgery)

**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

- Chair/Chief/Head/Director not TPD  
 Corporation  
 Government Hospital  
 Group Practice (<5)

- Group Practice (>5)  
 Home Health Care  
 Industry (equipment/device)  
 Industry (pharmacologic)  
 Medical Director of Respiratory Care

- Training Program  
 Private Hospital  
 Self-Employed Solo Practice  
 Sleep Medicine Laboratory

- HMO  
 Teaching/Academic  
 Veterans Affairs (VA)  
 Other \_\_\_\_\_

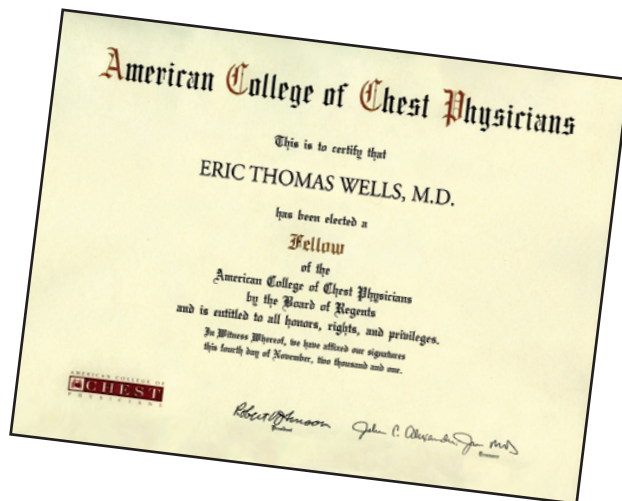
**FELLOWSHIP IN THE AMERICAN COLLEGE OF CHEST PHYSICIANS**

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) APPLICATIONS 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/Country/Postal Code

\_\_\_\_\_  
Office Phone      Country Code      City Code      Local Number

\_\_\_\_\_  
e-Mail (Required)

**2.**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/Country/Postal Code

\_\_\_\_\_  
Office Phone      Country Code      City Code      Local Number

\_\_\_\_\_  
e-Mail (Required)

**E-MEMBERSHIP OPTION: INFORMATION AND BENEFITS**

e-Membership brings you most ACCP communications electronically, including the journal *CHEST*. e-Members will not receive the printed version of *CHEST* or other ACCP publications in the mail.

- e-Members pay lower dues. The e-member dues rate is based on the World Bank classification of gross national income.
- e-Members receive the same educational discounts and other membership benefits as traditional Members or Fellows.
- This program is voluntary. You can apply for either type of membership by indicating your preference under "PAYMENT."

**E-MEMBERSHIP DUES\***

Country	Dues	Country	Dues	Country	Dues	Country	Dues
Albania	\$96	El Salvador	\$96	Luxembourg	\$120	Russia	\$96
Angola	\$96	Estonia	\$120	Macao PRC	\$120	Saudi Arabia	\$120
Argentina	\$96	Finland	\$120	Macedonia	\$96	Serbia	\$96
Australia	\$120	France	\$120	Malaysia	\$96	Singapore	\$120
Austria	\$120	Germany	\$120	Malta	\$120	Slovakia	\$96
Bahamas	\$120	Greece	\$120	Mauritius	\$96	Slovenia	\$120
Bahrain	\$120	Guatemala	\$96	Mexico	\$96	South Africa	\$96
Bangladesh	\$72	Honduras	\$96	Morocco	\$96	South Korea	\$120
Barbados	\$120	Hong Kong PRC	\$120	Myanmar	\$72	Spain	\$120
Belgium	\$120	Hungary	\$96	Nepal	\$72	Sri Lanka	\$96
Bolivia	\$96	Iceland	\$120	Netherlands	\$120	Sudan	\$72
Bosnia-Herzegovina	\$96	India	\$72	Netherlands Antilles	\$120	Sweden	\$120
Brazil	\$96	Indonesia	\$96	New Zealand	\$120	Switzerland	\$120
Brunei	\$120	Iran	\$96	Nicaragua	\$96	Syria	\$96
Bulgaria	\$96	Iraq	\$96	Nigeria	\$72	Taiwan ROC	\$120
Cambodia	\$72	Ireland	\$120	Norway	\$120	Thailand	\$96
Chile	\$96	Israel	\$120	Oman	\$96	Trinidad and Tobago	\$120
Colombia	\$96	Italy	\$120	Pakistan	\$72	Tunisia	\$96
Costa Rica	\$96	Jamaica	\$96	Panama	\$96	Turkey	\$96
Cuba	\$96	Japan	\$120	Peoples Rep of China	\$96	United Arab Emirates	\$120
Cyprus	\$120	Jordan	\$96	Peru	\$96	United Kingdom	\$120
Czech Republic	\$120	Kenya	\$72	Philippines	\$96	Uruguay	\$96
Denmark	\$120	Korea (North)	\$72	Poland	\$96	Venezuela	\$96
Dominican Republic	\$96	Kuwait	\$120	Portugal	\$120	Vietnam	\$72
Ecuador	\$96	Lebanon	\$96	Qatar	\$120		
Egypt	\$96	Lithuania	\$96	Romania	\$96		

\*Based on World Bank classification of gross national income, July 2007-2008.

Note: A one-time \$50 application fee will be charged to new members, in addition to your dues, for both traditional members and e-members.

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

Submitting this application with your payment entitles you to 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.

 **e-Membership** *(includes the journal CHEST online only)*

\$\_\_\_\_\_ (USD) Refer to the ACCP e-Membership dues on page 5

\$ **50** \_\_\_\_\_ (USD) One-time application fee

\$ \_\_\_\_\_ (USD) **Total**

 **Traditional Membership** *(includes the journal CHEST, print and online)*

\$ **248** (USD) \$198 USD Member and Fellows dues plus one-time \$50 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**

RETURN SIGNED AND COMPLETED APPLICATION WITH YOUR PAYMENT TO:

**Date**

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