

# International Membership Application

for countries other than the United States or Canada

## Enjoy the Benefits of ACCP International Membership!

We are pleased that you are interested in joining the American College of Chest Physicians (ACCP).

The ACCP is a multidisciplinary international medical society with more than 17,000 active members representing the patient care team in more than 100 countries.

### REQUIREMENTS FOR INTERNATIONAL MEMBER

**To become a Member, a candidate must meet the following qualifications:**

- The candidate shall be a physician or person holding a doctoral degree.
- The candidate shall be interested in a discipline related to the function and diseases of the chest. Training in a subspecialty is not required.
- Candidates practicing in a country with certifying bodies must be board-certified in their primary specialty, such as internal medicine and/or general surgery, and have a license to practice medicine.

*Members are entitled to most privileges of membership and may participate in ACCP activities and the work of its committees but cannot vote in ACCP elections. Members may only hold office if appointed by the ACCP President. Members may not use the designation of "FCCP" or "MCCP" after their names.*

### REQUIREMENTS FOR INTERNATIONAL FELLOW (FCCP)

**To become an ACCP Fellow (FCCP), a candidate must meet the following qualifications:**

- The candidate shall be a physician or person holding a doctoral degree.
- The candidate shall be a specialist in a discipline related to the function and diseases of the chest. Those disciplines include, without limitation: cardiopulmonary medicine or surgery, critical care medicine, sleep medicine, pediatric pulmonology, or pediatric critical care medicine. On a case-by-case basis, the Membership Committee may consider candidates having other specialties.
- Each physician candidate shall devote at least 50% of his or her practice to the specialty identified in paragraph 2 above. On a case-by-case basis, the Membership Committee may waive the 50% requirement.
- If a physician candidate lives in a country other than the United States or Canada, he or she 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 approved by the Membership Committee. In countries without certifying bodies, the candidate need not comply with these requirements. If a qualifying specialty board certification examination is not available, a minimum of 6 ½ years of practice experience is required after completion of the candidate's specialty training.
- 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.
- Candidates shall secure two sponsors who are Fellows (FCCPs) of the ACCP. If the candidate is unable to secure sponsorship from Fellows, he or she shall secure sponsorship from two other ACCP members, together with a letter of explanation. The two sponsors should be personally acquainted with the candidate and his or her work for a minimum of 1 year.

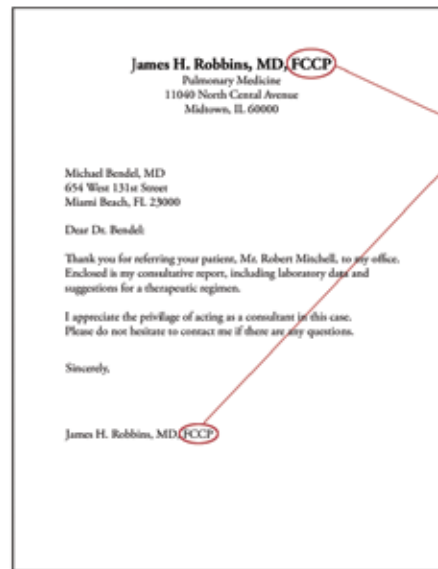
*Use of the designation "FCCP" is permitted only after receiving notification of acceptance into Fellowship in the ACCP.*

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 to promote the ACCP mission.



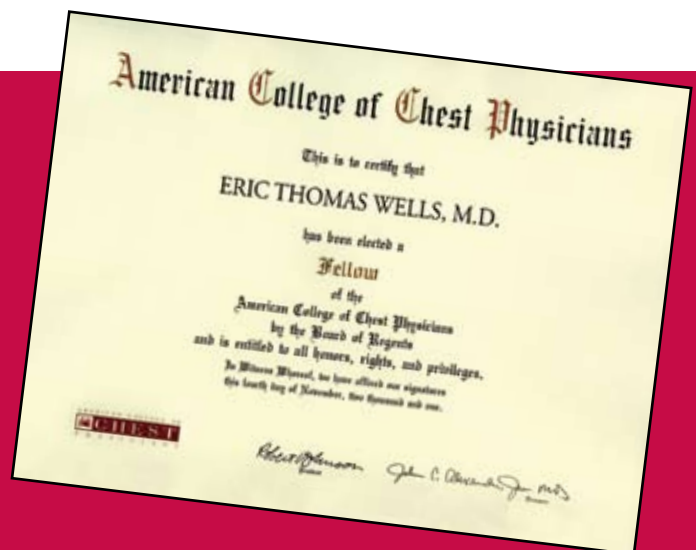
**FCCP  
Cite these  
letters with  
pride!**

### ACCP Vision

The College is the leading resource for the improvement in cardiopulmonary health and critical care worldwide.

### ACCP Mission

To promote the prevention and treatment of diseases of the chest through leadership, education, research, and communication.



## 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 the *CHEST* journal 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 and will vary by country.
- An e-newsletter, *ACCP e-News*, keeps e-members informed about ACCP educational programs and other offerings with direct links to our Web site.

With e-membership, you will 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 INFORMATION."

### ACCP E-MEMBERSHIP DUES PER WORLD BANK CLASSIFICATION\*

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

\*Based on World Bank Income Class, 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.

## NETWORKS – A FREE MEMBER BENEFIT

NetWorks are interdisciplinary interest groups. 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 choice(s) in the list below. Your e-mail address will automatically be added to the mailing list for each NetWork you select. For more information about the individual NetWorks, please refer to ACCP's Web site: [www.chestnet.org](http://www.chestnet.org).

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



## EDUCATION BACKGROUND/PROFESSIONAL EXPERIENCE

### Degree

### Name and Location of Institution(s)

### Degree

### Date Received (Month/Year)

Medical School (eg, MD, MBBS, MBChB, etc)			
Postgraduate Education (eg, PhD, MS, etc)			

### Postgraduate Training\*

### Name and Location of Hospital(s)/Institution(s)

### Specialty

### Degree (If Applicable)

### Date Received (Month/Year)

Internship/International Equivalent				
Residencies/International Equivalent				
Fellowship (Completed)				

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

**Certification Boards (for Countries with Certifying Bodies)** Please list the specialty board/certification(s) you have earned in the order received, from the first to the most recent. If a Royal College certificate, indicate whether Fellow or Member.

### Board Name

### Country

### Certification Date (Month/Year, If Applicable)


### Specialty

Primary Specialty (eg, General Surgery, Internal Medicine)

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

**Current Professional Responsibilities/Employment** List all current professional responsibilities/employment (private practice, research, teaching, administration, hospital appointments, academic appointments).

### Responsibility/Task/Employment

### Name of Institution(s) or Location of Private Practice

### Your Title


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

- |   |   |
|---|---|
| <input type="checkbox"/> Self-Employed Solo Practice                        | <input type="checkbox"/> Teaching/Academic            |
| <input type="checkbox"/> Small Group Physician Practice (Five or Less)      | <input type="checkbox"/> Government Hospital          |
| <input type="checkbox"/> Group Practice Subspecialties, Multi/Single Clinic | <input type="checkbox"/> Private Hospital             |
| <input type="checkbox"/> Director of Training Program                       | <input type="checkbox"/> Other (Please Specify) _____ |

## FELLOW (FCCP) APPLICATIONS ONLY

**Professional Time Allocation** Please indicate the percentage of your time spent on the following current professional responsibilities (your percentage should total 100%).

\_\_\_\_\_ % Clinical Care      \_\_\_\_\_ % Teaching      \_\_\_\_\_ % Research      \_\_\_\_\_ % Administration      \_\_\_\_\_ % Industry  
\_\_\_\_\_ % Consulting      \_\_\_\_\_ % Other (Describe)      \_\_\_\_\_

**Professional Concentration** Percentage of total professional activity devoted to the specific diagnosis, treatment, and research in cardiopulmonary and related diseases (*ie*, cardiology, pulmonary disease, thoracic or cardiovascular surgery, critical care medicine, hypertension, sleep medicine).

\_\_\_\_\_ %

**Sponsors** Candidates shall secure two sponsors who are Fellows (FCCPs) of the ACCP. If the candidate is unable to secure sponsorship from Fellows, he or she shall secure sponsorship from two other ACCP members, together with a letter of explanation. The two sponsors should be personally acquainted with the candidate and his or her work for a minimum of 1 year. Your sponsors' signatures are not required on this application, but their names and addresses must be included. For a list of Fellows in your area, please e-mail member@chestnet.org.

**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) \_\_\_\_\_

## PAYMENT INFORMATION

**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 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 election as a Fellow (FCCP) of the ACCP.

**e-Membership** (*includes on-line access to the journal CHEST*)

\$ \_\_\_\_\_ (US) Refer to the ACCP e-Membership dues per World Bank Classification

\$ 50.00 (US) One-time application fee

\$ \_\_\_\_\_ (US) **Total**

**Traditional Membership** (*includes print version and on-line access to the journal CHEST*)

\$ 224.00 (US) Includes one-time \$50 application fee

**Optional:**

\$ 96.00 (US) Airmail delivery of the journal *CHEST* within 20 days.

\$ \_\_\_\_\_ (US) **Total**

**Credit Card Payment** (Preferred)

VISA     American Express     Mastercard

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Check Payment** (Payable to the American College of Chest Physicians)

Check/Money Order No. (In US Currency Drawn on a US Bank) \_\_\_\_\_

Until I expressly revoke my consent, by signing this document, I hereby consent to the American College of Chest Physicians (ACCP) sending to me materials advertising the commercial availability or quality of ACCP's property, goods, or services.

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.