

**1. Full Name of Applicant**

Date \_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Preferred Mailing Address (for ACP mail/directory/publications, etc.) \_\_\_\_\_

Street and Number \_\_\_\_\_

City \_\_\_\_\_ Prefecture \_\_\_\_\_

Zip/Postal \_\_\_\_\_ Country \_\_\_\_\_

Mailing Address:  Home  Office

Please check here if you wish to be excluded from non-ACP-related mailings.

Daytime Phone \_\_\_\_\_ Daytime Fax \_\_\_\_\_ Home Phone \_\_\_\_\_

**Preferred E-mail Address** \_\_\_\_\_

(required for immediate access to online member benefits, including journals)

Please provide any other surname that you use or have used professionally \_\_\_\_\_  
 (to assist in verifying information)

<b>ACP ONLY</b>									
<b>ACP #</b>									
REGION/CHAPTER					TERM				
AMA									

**Date of Birth**

Month	Day	Year	

2.	Name of Medical School	City	State/Province	Country	Year Graduated	Degree Earned

**3. Associate Membership is limited to physicians accepted into training programs in internal medicine, combined internal medicine programs, neurology, or in subspecialties of internal medicine.**

**Present Position, Institution, City**

**Year of Residency Training**

**Date**

(training started)  
 Example: 7/09

Example: Resident, Tokyo Hospital, Tokyo

Example: Training year 1

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Office use only: Internal Medicine Residency Program # \_\_\_\_\_

4. Sponsor: Print name of Program Director \_\_\_\_\_ Daytime Phone \_\_\_\_\_

**Signature of Program Director** \_\_\_\_\_  
(Required)

Program director's signature verifies that the applicant is now in internal medicine or its subspecialty training program as detailed in the application attachment. Applicant authorizes ACP to obtain updated contact information from training program.

**Signature of ACP Governor for Japan** \_\_\_\_\_ **Date** \_\_\_\_\_  
(Required)

Recommended Term Year \_\_\_\_\_

I am now in training, and I intend to become a Fellow of the JSIM. I will inform the Japan Chapter in writing if I transfer to other specialties. I understand that I will lose the eligibility as an Associate member in such case.

5. **Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**6. APPLICANT PLEASE NOTE:** The following information will help provide ACP with accurate membership statistical data but will not be considered in connection with your application for Associate membership. Completion is optional.

- GENDER:  Male  Female  Elect not to specify
- ETHNICITY:  White, not of Hispanic origin (1)  African/African American (2)  Asian/Asian American (3)  Arab (4)  Hispanic (5)  Indian (I)
- Pakistani (P)  Native American/Alaskan Native (7)  Pacific Islander (8)  Other (Please indicate) (9)  Elect not to specify (E)

**Please do not detach**

**Payment required with application (see reverse for dues options).**

Amount Paid \_\_\_\_\_

Full name of applicant \_\_\_\_\_  
Please print

**Please choose annual dues:**

- \$109 (includes print publications).  
 \$49 (online publications only).  
 **Check enclosed**  
(Must make checks payable to ACP, and remit in U.S. funds drawn on U.S. bank)

**Charge dues to:**

- VISA  MasterCard  American Express  Discover

Card # \_\_\_\_\_

Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM YR 3 or 4 digit security code

Signature \_\_\_\_\_  
Required

**For ACP use only**

# ASSOCIATE

of the **American College of Physicians (Japan Chapter)**

**Some key questions answered:**

## What is ACP Associate membership?

Associate membership is a **temporary** category of membership in the ACP with all privileges except the right to hold office or to sponsor candidates for membership. Associates in good standing after two years of membership have the right to vote.

## How do I become an Associate?

By application with dues payment. Recommendation of the Program Director of your training program and approval by the ACP Governor for Japan is required.

## How much are dues?

Annual dues are \$109 per year and are subject to change annually. Physicians outside of the United States have the option of selecting a discounted online-only membership of \$49. The online-only membership affords international members all of the regular benefits of membership, with the exception of print subscriptions to *Annals of Internal Medicine* and *ACP Journal Club*. These journals would be accessible only online.

A dues payment must be submitted with your application. If a full year's dues are paid, a credit of the unused portion will be applied to your next year's dues. If you prefer, you may remit a prorated dues amount based on the month you are applying. For information on prorated dues amounts, please contact the Associates Coordinator by telephone or e-mail, or visit our website at [www.acponline.org/membership/dues](http://www.acponline.org/membership/dues).

Applicants not elected may obtain a full refund or credit. Member discounts not valid on previously purchased items. Membership benefits will begin once the dues payment has been processed.

### Please note:

Membership in the national ACP includes membership in the local region/chapter based on the zip code of the member's preferred mailing address. Members can contact Member Development to request an alternative region/chapter assignment.

College members are offered the exclusive benefit of access to Member Connection. This is an online directory of College members (unless they ask not to be included) that is accessible to **members only** via ACP Online at [www.acponline.org](http://www.acponline.org). Members who wish to be excluded from Member Connection should submit the exclusion form found at [www.acponline.org/private/mbrconn/online-optout.htm](http://www.acponline.org/private/mbrconn/online-optout.htm).

ACP members are expected to uphold the ethics of medicine as exemplified by the standards and traditions of ACP, including those in the *Ethics Manual*, which can be accessed through ACP Online. A booklet version can be ordered through Customer Service. Members should also be familiar with the College's current procedures for addressing ethical complaints against ACP members (available through ACP Online at [www.acponline.org/running\\_practice/ethics](http://www.acponline.org/running_practice/ethics)). The staff of ACP's Center for Ethics and Professionalism is available as a resource for questions concerning ethics.

## When do I apply? How long is the term?

1. Those who obtained a medical license after 2005, and those who are currently in internal medicine training who intend to take the Board Certified Member Certification Examination of the Japanese Society of Internal Medicine will be allowed to join as an Associate member until 5 years after obtaining a medical license. The applicant must submit their training records signed by their superiors as an attachment to the application form, and submit to the Japan Chapter for review.

**It is mandatory that one passes the Board Certified Member Certification Examination of the JSIM to ask for extension of the term.**

Those who passed the Board Certified Member Certification Examination of the JSIM, and are still in Internal Medicine or subspecialty training who intend to take the **Fellow Certification Examination of the JSIM** will be allowed the extension of the term until 5 years after passing the Board Certified Membership Examination. The applicant must submit their training records to the Japan Chapter for review.

**\*However, if one passes the Fellow Certification Examination during this time, their terms may not be extended since they are eligible to apply for full Membership.**

2. Those who obtained a medical license after 2000, and those who are currently in internal medicine or subspecialty training who have already passed the Board Certified Member Certification Examination, and who intend to take the Fellow Certification Examination of the JSIM, will be allowed to join as an Associate member until 5 years after passing the Board Certified Membership Examination. The applicant must submit their training records signed by their superiors as an attachment to the application form, and submit to the Japan Chapter for review.

**\*However, if one passes the Fellow Certification Examination during this time, their terms may not be extended since they are eligible to apply for full Membership.**

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## How To Apply for Associate Membership

1. Be sure all information is provided. Only the application attachment should be filled out in Japanese. Others may be asked to provide information about your credentials. It is understood that the information contained in this application and the attachment is true and complete to the best of your knowledge.

**INCOMPLETE APPLICATIONS AND THOSE WITHOUT DUES PAYMENT WILL BE RETURNED TO APPLICANT AND DELAY PROCESSING.** Those not elected within one year of submission must submit a new application.

2. Have your Program Director sign and stamp this application and the attachment.

3. The appropriate dues payment must be included with your application. If you currently subscribe to *Annals* a credit for the unused portion of your subscription will be applied to your dues. Dues will not be charged for the applicants not elected.

4. Mail your completed application and attachment with your dues payment to the Japan Chapter office (see below), who may request an interview.

5. Upon acceptance of your application, you will receive notification from Member Development and an ACP identification card will be sent to you.

6. If you have any questions, contact the ACP Japan Chapter at [acp@naika.or.jp](mailto:acp@naika.or.jp), or e-mail College headquarters at [mbrservices@acponline.org](mailto:mbrservices@acponline.org).
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### ACP Japan Chapter

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