



DATE RECEIVED:	
MEMBER ID:	

Application for ACR Membership

The American College of Rheumatology is a professional organization of physicians, health professionals and scientists. The mission of the ACR is to advance rheumatology through programs of education, research, advocacy and practice support that foster excellence in the care of people with rheumatic diseases.

The ACR does not discriminate based on sex, color, creed, race, religion, disability, ethnic origin, national origin, sexual orientation, gender identity, or age.

Please provide all requested information at time of application.

Name & Degrees

FIRST NAME:	MIDDLE INITIAL OR NAME:
LAST NAME:	
DEGREE: (LIST ALL DEGREES BEGINNING WITH HIGHEST EARNED)	

Address

PROFESSIONAL ADDRESS: (THIS ADDRESS WILL BE PUBLISHED IN THE ONLINE ACR MEMBERSHIP DIRECTORY.)

INSTITUTION / AFFILIATION:	
DEPARTMENT / DIVISION:	
ADDRESS:	
CITY:	
STATE / PROVINCE:	ZIP/ POSTAL CODE:
COUNTRY:	

MAILING ADDRESS: CHECK HERE IF YOUR PROFESSIONAL ADDRESS IS YOUR PREFERRED MAILING ADDRESS CHECK HERE IF THIS IS YOUR HOME ADDRESS

ADDRESS:	
CITY:	
STATE / PROVINCE:	ZIP/ POSTAL CODE:
COUNTRY:	

Phone & Fax —Your Business Phone and Fax Numbers will be displayed in the Membership Directory

BUSINESS PHONE:	BUSINESS FAX:
HOME PHONE: (YOUR HOME PHONE AND/OR MOBILE PHONE WILL NOT BE DISPLAYED IN ANY DIRECTORIES)	MOBILE PHONE:

E-mail

E-MAIL:

The ACR never shares or rents email addresses, home phone or fax numbers. Please visit www.rheumatology.org for more information on the ACR privacy policy.

Demographics

GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH (MONTH / DAY / YEAR)
RACE/ETHNICITY: <input type="checkbox"/> AMERICAN INDIAN/ALASKA NATIVE <input type="checkbox"/> BLACK, NON-HISPANIC <input type="checkbox"/> WHITE, NON-HISPANIC	<input type="checkbox"/> ASIAN/PACIFIC ISLANDER <input type="checkbox"/> HISPANIC <input type="checkbox"/> OTHER/UNSPECIFIED

Rheumatology Training

TRAINING DATES:

INSTITUTION & TRAINING DIRECTOR:

YEAR BOARD CERTIFIED IN INTERNAL MEDICINE :

OR PEDIATRICS:

YEAR BOARD CERTIFIED IN THE RHEUMATOLOGY:

OR PEDIATRIC RHEUMATOLOGY:

YEAR BOARD CERTIFIED IN OTHER SPECIALTIES (SPECIFY):

Professional Information

Which of the following best describes your professional activities?

WHAT ARE YOUR SPECIALTIES:

- | | | |
|---|--|--|
| 1 st 2 nd
<input type="checkbox"/> <input type="checkbox"/> Adult Rheumatology | 1 st 2 nd
<input type="checkbox"/> <input type="checkbox"/> Orthopedics | 1 st 2 nd
<input type="checkbox"/> <input type="checkbox"/> Biostatistics |
| <input type="checkbox"/> <input type="checkbox"/> Pediatric Rheumatology | <input type="checkbox"/> <input type="checkbox"/> Physiatry | <input type="checkbox"/> <input type="checkbox"/> Research-Evaluation |
| <input type="checkbox"/> <input type="checkbox"/> Internal Medicine | <input type="checkbox"/> <input type="checkbox"/> Sports Medicine | <input type="checkbox"/> <input type="checkbox"/> Research-Clinical |
| <input type="checkbox"/> <input type="checkbox"/> General Practice | <input type="checkbox"/> <input type="checkbox"/> Geriatrics | <input type="checkbox"/> <input type="checkbox"/> Research-Basic Science |
| <input type="checkbox"/> <input type="checkbox"/> Pediatrics | <input type="checkbox"/> <input type="checkbox"/> Epidemiology | <input type="checkbox"/> <input type="checkbox"/> Pharmacist |

HOW YOU SPEND MOST OF YOUR PROFESSIONAL TIME:

- | | | |
|---|---|---|
| 1 st 2 nd
<input type="checkbox"/> <input type="checkbox"/> Patient Care | 1 st 2 nd
<input type="checkbox"/> <input type="checkbox"/> Consultation | 1 st 2 nd
<input type="checkbox"/> <input type="checkbox"/> Research-Health Sciences |
| <input type="checkbox"/> <input type="checkbox"/> Patient Care -Supervising Trainees | <input type="checkbox"/> <input type="checkbox"/> Public Policy | <input type="checkbox"/> <input type="checkbox"/> Research-Population Health |
| <input type="checkbox"/> <input type="checkbox"/> Teaching | <input type="checkbox"/> <input type="checkbox"/> Research-Basic Science | <input type="checkbox"/> <input type="checkbox"/> Retired |
| <input type="checkbox"/> <input type="checkbox"/> Administration | <input type="checkbox"/> <input type="checkbox"/> Research-Clinical | <input type="checkbox"/> <input type="checkbox"/> Student |
| <input type="checkbox"/> <input type="checkbox"/> Counseling | <input type="checkbox"/> <input type="checkbox"/> Research-Evaluation | <input type="checkbox"/> <input type="checkbox"/> Other |

WHAT IS YOUR PRIMARY EMPLOYMENT:

- | | | |
|--|--|--|
| 1 st 2 nd
<input type="checkbox"/> <input type="checkbox"/> Academic Medical Center | 1 st 2 nd
<input type="checkbox"/> <input type="checkbox"/> Hospital Based Practice | 1 st 2 nd
<input type="checkbox"/> <input type="checkbox"/> Biomedical Industry |
| <input type="checkbox"/> <input type="checkbox"/> Solo Practice | <input type="checkbox"/> <input type="checkbox"/> Government Clinical Setting (VA) | <input type="checkbox"/> <input type="checkbox"/> Government Non-Clinical Setting |
| <input type="checkbox"/> <input type="checkbox"/> Single Specialty Group Practice | <input type="checkbox"/> <input type="checkbox"/> Other Clinical Setting | <input type="checkbox"/> <input type="checkbox"/> Other Non-Clinical Setting |
| <input type="checkbox"/> <input type="checkbox"/> Multi-Specialty Group Practice | <input type="checkbox"/> <input type="checkbox"/> Insurance Industry | <input type="checkbox"/> <input type="checkbox"/> Retired |

Fellow or International Fellow

In this section, you may indicate your desire to be considered for membership as a Fellow member, meaning that you are board-certified in rheumatology, or as an International Fellow, meaning that you hold certification equivalent to the U.S. designation of board certification.

I am applying for Fellow of the ACR and have elected one of the following options for application:

- Fellow:** I am a board certified rheumatologist. Enclosed is a copy of my certification in the subspecialty of rheumatology by the American Board of Internal Medicine, American Board of Pediatrics or the American Board of Osteopathic Medicine. Enclosed are two letters of sponsorship from:

(1) _____

(2) _____

- OR **Fellow:** I have completed my rheumatology training program and am eligible to take board exams. Enclosed is a letter from my Training Director verifying that I have successfully completed an ACGME accredited rheumatology training program within the past year.

(1) _____ (Training Director)

I am applying for International Fellow of the ACR and have elected the following option for application:

- International Fellow:** I am a certified rheumatologist in my home country. Enclosed are two letters of sponsorship from the following ACR members:

(1) _____

(2) _____

Applicants for membership as International Fellows may also include a curriculum vitae or verification of successful completion of rheumatology training.

Member or International Member

In this section, you may indicate your desire to be considered for membership as a Member or International Member. Members are not board certified in rheumatology, but are either actively engaged in a medical specialty directly related to rheumatology; OR are engaged in scientific research in the field of rheumatology or immunology. ACR Members live in North America (United States, Canada, & Mexico); International Members live outside North America.

I am applying for: (PLEASE CHOOSE ONE) Member International Member

Enclosed is a letter of sponsorship from the following ACR member:

(1) _____

Fellow-In-Training or International Fellow-In-Training

In this section, you may indicate your desire to be considered for membership as a Fellow-in-Training, meaning that you are currently enrolled in a qualified rheumatology training program or have completed such a program within the past year in the U.S., Canada or Mexico, or as an International Fellow-in-Training, meaning that you are currently enrolled in a qualified training program according to regulations in your home country.

I am applying for membership as a Fellow-in-Training (FIT) member. I have enclosed a letter from my Training Director verifying that I am currently enrolled in a rheumatology training program approved by the Accreditation Council for Graduate Medical Education.

My Training Director's name is: _____

Projected Date of Program Completion: _____

I am applying for membership as an International Fellow-in-Training and have enclosed a letter of sponsorship from:

(1) _____

Student, Resident or Pre/Post-Doctoral Fellow

In this section, you may indicate your desire to be considered for membership as a Student, Resident, or Pre/Post-Doctoral Fellow, meaning you are currently enrolled in a graduate-level program in medicine or a related field; OR enrolled in a residency program and interested in rheumatology; OR engaged in a period of mentored research.

I am applying for membership as a Student, Resident, or Pre/Post-Doctoral Fellow and have enclosed one letter of sponsorship from my program director or advisor confirming my enrollment.

(1) _____

I have read and understand the bylaws and agree to abide by the Code of Ethics of the American College of Rheumatology, and I verify the information contained within this application is accurate.

By checking this box, I agree to and confirm the above Application Terms & Conditions.

Applicant's Signature: _____

Date: _____

Payment Information — Please Print Clearly

Charge the following card: AMEX MC VISA

Expiration Date: MM/YY

Card number:

/

Amount: \$ _____ Signature: _____

Please print name as it appears on the card: _____

I am enclosing a check in the amount of \$ _____

Checks must be made payable to the ACR in U.S. dollars drawn on U.S. banks. Transfers, cash or purchase orders will not be accepted.

Submit Application

Send completed application, payment and letters of recommendation by:

Fax: (404) 633-1870 **OR Mail:** American College of Rheumatology, 2200 Lake Blvd, NE, Atlanta, GA 30319

Questions? - If you have questions about ACR membership, please contact the ACR Membership Department:

Email: membership@rheumatology.org • **Phone:** (404) 633-3777 • **Mail:** American College of Rheumatology, 2200 Lake Blvd, NE, Atlanta, GA 30319

Please indicate the category of membership for which you are applying.

Fellow—\$415

An ACR Fellow is a fully-licensed physician with training in internal medicine or pediatrics who provides either primary or consultative care to patients with arthritis and other rheumatic diseases. Fellow members reside in the U.S., Canada or Mexico. Fellows-in-Training are not eligible for this category until they successfully complete their training.

Application as a Fellow may be made by following one of these procedures:

- 1. Practicing Physicians:** Complete the application, supply letters from two sponsors who are currently ACR voting members and provide a copy of board certification in the subspecialty of rheumatology by The American Board of Internal Medicine, American Board of Pediatrics or The American Osteopathic Board of Internal Medicine.
- 2. Fellows-In-Training:** Complete the application, supply a letter from the Training Director stating successful completion of two years in an ACGME approved training program in rheumatology.
- 3. International Fellow—\$415**

An ACR International Fellow is a fully-licensed physician with training in internal medicine or pediatrics who resides outside of North America (US, Mexico, Canada) and provides either primary or consultative care to patients with arthritis and other rheumatic diseases, and who satisfies the requirements described in the ACR Bylaws.

Complete the application and supply required letters from sponsor who is currently a member of the ACR.

Member—\$415

An ACR Member is a Doctor of Medicine, Doctor of Osteopathy, Doctor of Veterinary Medicine, Doctor of Medical Dentistry, Doctor of Dental Surgery, Doctor of Public Health, Doctor of Education, Doctor of Pharmacology, or Doctor of Philosophy who is actively engaged in a medical specialty directly related to rheumatology OR engaged in scientific research in the field of rheumatology or immunology.

To apply as a Member, complete the application and supply a letter of sponsorship from a current voting member of the ACR.

International Member—\$415

ACR International members are physicians and scientists who reside outside of North America (US, Mexico, Canada) and who are not eligible for membership as Fellows but are recognized by the Committee on Nominations and Appointments to be eligible for membership in the ACR.

Nominations for International membership may be made by submitting a membership application and supplying a letter of recommendation from a current member of the ACR.

Fellow-In-Training Member or International Fellow-In-Training—\$110

An ACR FIT member is currently enrolled in a training program in rheumatology or a related field, or has successfully completed such a program within the past year.

To apply as a FIT member, an applicant must complete the application and send a letter from the Training Director stating that the applicant is currently involved in a training program and giving a projected date of completion of the program.

And International Fellow-in-Training must be enrolled in a rheumatology training program outside of the U.S., Canada and Mexico.

Student, Resident, or Pre/Post-Doctoral Fellow—No cost

A member of the Student, Resident, or Pre/Post-Doctoral Fellow category is either currently enrolled in a graduate-level program in medicine or a related field; OR enrolled in a residency program and interested in rheumatology; OR engaged in a period of mentored research.

To apply, complete the application and supply one letter of sponsorship from your program director or advisor confirming your enrollment, preferably listing the start and end dates of your program.