

For optimum accuracy, please print in blue or black ink.

Qualifications

Physicians residing outside of the United States and Canada who spend at least fifty percent of their professional time practicing Pathology, and who have taken and passed their country's certifying Pathology exam (if there is one established), shall be eligible to be International Fellows. International Fellows shall have the privilege of using the initials "IFCAP" after their names but will not have the right to vote or hold elective office. They will pay the same dues as Fellows and may be appointed to participate in committees electronically.

Personal Information

First Name Middle

Last Name

MD MBBS PhD, discipline: Other, specify:
 DO MBChB

Date of birth My gender is:

Licensing and Certification

Are you certified by the American Board of Pathology, American Osteopathic Board of Pathology, or the Royal College of Physicians and Surgeons of Canada?

Yes No *If you answered yes to this question, please use the CAP Fellow Membership Application.*

Are you currently practicing pathology at least 50% of your professional time?
 Yes No

Date you began to practice pathology:

Are you certified by an international board?
 Yes No

If yes, please list and supply the date(s) of certification:

Have you ever been convicted of a felony or entered a plea of *nolo contendere*?
 Yes No

If yes, please indicate the felony, jurisdiction, date of conviction, and any other relevant information on a separate page.

Have you ever had your medical license revoked or suspended, or have you ever surrendered your license to avoid revocation or suspension?
 Yes (Please detail on a separate page) No

Have you ever had your hospital privileges revoked, suspended, or limited, or have you ever relinquished privileges to avoid revocation, suspension, or limitation?
 Yes (Please detail on a separate page) No

Are you currently the subject of a criminal action, licensure proceeding, credentialing matter, or other proceeding that might bear on your qualifications to be a member of the College of American Pathologists?
 Yes (Please detail on a separate page) No

Home Address

Address

Address

City State/Prov ZIP/Postal Code Country

Home Telephone Number Home Fax Number

Home E-mail Address

Business Address

Institution Name (if applicable)

Address

Address

Address

City State/Prov ZIP/Postal Code Country

Business Telephone Number Business Fax Number

Business E-mail Address

Preferred Mailing Address Business Home
 Preferred Membership Directory Address Business Home

Privacy Preferences

I would like to:

- be listed in the CAP Membership Directory Yes No
- receive email updates from the CAP Yes No
- receive fax updates from the CAP Yes No
- receive promotional materials regarding activities and products offered by the CAP Yes No
- make my mailing address available to other non-profit organizations offering education for pathologists Yes No

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Pledge of Membership

The College of American Pathologists (CAP) shall symbolize the highest standards in medicine, education, research, and the practice of pathology. It shall perpetuate the best traditions of medical ethics, thereby maintaining the dignity and efficiency of the specialty in relationship to the public and the profession.

In order to promote the best interests of the public, the medical profession, and the CAP, I hereby promise to comply with the applicable laws, regulations, and ethical standards. I shall notify the CAP if I (a) am convicted of, or plead *nolo contendere* to, a felony; (b) have my medical license revoked or suspended, or if I surrender my license to avoid revocation or suspension; (c) have my medical staff privileges revoked or suspended, or if I relinquish my privileges to avoid revocation or suspension; or (d) become the subject of a criminal action, licensure proceeding, credentialing matter, or other proceeding that calls into question my fitness for membership in the CAP. I understand that failure to notify the CAP of any of these developments on a timely basis shall be grounds for revocation or suspension of my membership in the CAP. I hereby agree to abide by the decision of the CAP on this application and also to abide by any future decision of the CAP on my continuing qualification for membership. I hereby waive any rights that I might otherwise have to challenge such decisions.

In applying for membership in the CAP, I commit myself to seek to advance the practice of pathology in the best interests of the patients, clinical colleagues, and the public.

Signature

Date

I understand this application is subject to the CAP Constitution and Bylaws. The above answers are correct to the best of my knowledge.

If admitted, I agree to abide by the CAP Constitution and Bylaws and the CAP Principles of Ethical and Professional Conduct. I agree to hold the College of American Pathologists, its members and fellows, officers, and agents free from any damage or complaint by reason of any action any of them may take in connection with this application, or the failure to issue me such membership.

Signature

Date

Payment Information

Fee: \$455 US International Fellow Member

To pay by credit card, please select one of the following:

VISA MasterCard AMEX

Card Number

Expiration Date

Print Cardholder's Name

Cardholder's Signature

Return the Application

Candidates for membership are submitted to the CAP Board of Governors for acceptance on a quarterly schedule. To avoid having your application delayed, it is important to submit all the items requested below along with your completed membership application.

1. Copy of Curriculum Vitae
2. Copy of board certification, if applicable
3. Appropriate fee with your application

Return completed application by:

Email: membership@cap.org

Mail: Membership Department
College of American Pathologists
325 Waukegan Road
Northfield, IL 60093-2750
USA

Fax: 847-832-8292

If you have any questions concerning this application or the application process, please contact the CAP at 800-323-4040, option 2, or email questions to membership@cap.org.

Optional

You are not required to complete this final section of the CAP International Fellow Membership application. These questions are optional and have no impact on your membership application.

Do you currently work or have you worked in a CAP accredited laboratory?

Yes No

If yes, please list the name of the laboratory:

Would you be interested in participating in an International CAP Laboratory Inspection?

Yes No

To better qualify you for service in the CAP, please list all languages other than English in which you can confidently hold a conversation/speak, read, and/or write. Indicate your abilities using the following scale:
Excellent = Very Proficient, Good = Proficient, Fair = Limited Proficiency.