

American College of Medical Genetics and Genomics  
**Application for Membership**

7101 Wisconsin Avenue, Suite 1101, Bethesda, MD 20814  
Phone: 301-718-9603 | Fax: 301-718-9604  
acmg@acmg.net

FULL NAME: \_\_\_\_\_ DEGREES: \_\_\_\_\_

NAME/DEGREE(S) ON MEDICAL/BOARD CERTIFICATES (IF DIFFERENT THAN ABOVE): \_\_\_\_\_

TITLE: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

INSTITUTION: \_\_\_\_\_

PREFERRED MAILING ADDRESS\*:  Work  Home

WORK ADDRESS 1: \_\_\_\_\_

WORK ADDRESS 2: \_\_\_\_\_

WORK CITY, STATE, ZIP/POSTAL CODE: \_\_\_\_\_

HOME ADDRESS 1: \_\_\_\_\_

HOME ADDRESS 2: \_\_\_\_\_

HOME CITY, STATE, ZIP/POSTAL CODE: \_\_\_\_\_

\*Institution address will be displayed in the Membership Directory. Directory preferences may be updated from the Members Only section of the ACMG website.

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

PREFERRED EMAIL\*\*: \_\_\_\_\_ FACULTY MEMBER:  Yes  No

\*\*To facilitate email communications, please add [acmg@acmg.net](mailto:acmg@acmg.net) to your approved sender list.

NPI #: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ GENDER: \_\_\_\_\_

CATEGORY OF MEMBERSHIP REQUESTED\*\*\*: \_\_\_\_\_

\*\*\*Applicants for Candidate Fellow and Associate Member (if not yet certified), please attach proof of eligibility for Board certification. Applicants for Trainee and Student membership, please download and complete a Verification of Student/Trainee Status form.

**Medical Licensure/AMA Membership Information** (Submit a copy of your AMA membership card with this application.)

State \_\_\_\_\_ Number \_\_\_\_\_ Date issued \_\_\_\_\_

AMA Number \_\_\_\_\_ Date Issued \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Certification by the American Board of Medical Genetics and Genomics or American Board of Genetic Counseling**

Specialty Area \_\_\_\_\_ Number \_\_\_\_\_ Date issued \_\_\_\_\_

**Certification by Canadian College of Medical Geneticists or Royal College of Physicians & Surgeons of Canada**

Specialty Area \_\_\_\_\_ Number if any \_\_\_\_\_ Date issued \_\_\_\_\_

**Certification by another specialty recognized by the American Board of Medical Specialties**

Name of Board \_\_\_\_\_ Number if any \_\_\_\_\_ Date issued \_\_\_\_\_

**ATTACH YOUR NIH BIOSKETCH TO THIS APPLICATION OR COMPLETE THE BIOGRAPHICAL SKETCH BELOW**

**EDUCATION** Begin with baccalaureate or other initial education, include postdoctoral training if any.

Institution	Location	Degree, Year Conferred	Field of Study

**RESEARCH AND PROFESSIONAL EXPERIENCE** Begin with earliest position, list employment, experience and honors.

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**PUBLICATIONS** Begin with your most recent publication, list complete reference to all publications in the last **three years**.

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### PhD APPLICANTS

1. Have you ever had charges of professional misconduct brought against you for any reason, or is any attempt to do so now in progress? Yes No
2. Has any hospital imposed supervision, compulsory consultation or probation, or is any attempt to do so now in progress? Yes No

If you answered "yes" to either question, please explain on a separate sheet and send along with your application.

### PHYSICIAN APPLICANTS

1. Have you ever had your license or any right associated with the practice of medicine restricted, rescinded, or placed on probation through governmental action or voluntary surrender? Yes No
2. Has any hospital reduced, restricted, suspended, terminated, or requested you resign all or any portion of your staff privileges, or is an attempt to do so now in progress? Yes No
3. Has any hospital imposed supervision, compulsory consultation or probation, or is any attempt to do so now in progress? Yes No

If you answered "yes" to any question, please explain on a separate sheet and send along with your application.

### ALL APPLICANTS

Have you ever been convicted of a felony? Yes No

If "yes," please explain on a separate sheet and send along with your application.

#### Waiver of Liability and Hold Harmless Statement

I hereby apply to the American College of Medical Genetics and Genomics for membership in the College, in accordance with and subject to the bylaws, procedures and regulations of the College. The information that I have supplied in this application is correct to the best of my knowledge. If admitted to the membership of the College, I agree to abide by the College's bylaws, procedures and regulations. I agree to disqualification from membership and forfeiture and redelivery of any certificate granted me by the College in the event that any of the statements or answers made by me are false or in the event that I violate any of the rules or regulations of the College.

I hereby agree to hold the College, its members, directors, officers, employees, and agents free from any complaint, claim, or damage arising out of any action or omission by any of them in connection with this application, the failure to admit me to the membership of the College or to issue me any certificate, or any demand for forfeiture or redelivery of such certificate. I understand that the decision as to whether I qualify as a member of the College rests solely and exclusively with the College and that the decision of the College is final. I HAVE READ AND UNDERSTAND THIS STATEMENT AND INTEND TO BE LEGALLY BOUND BY IT.

Printed name of applicant: \_\_\_\_\_

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

#### PAYMENT INFORMATION – Applicants applying:

- Jan. 1 – May 31      Pay Full Year dues amount  
June 1 – Sept 30    Pay ½ Year dues amount  
Oct. 1 – Dec. 31    Pay Full Year dues amount (includes dues through Dec. 31 of the following year)

#### METHOD OF PAYMENT

**See Fee Schedule for current dues. The application fee is \$50 and is non-refundable. Dues and application fee must accompany application. Make checks payable to ACMG, or provide credit card information below. Student applicants are exempt from the application fee.** For institutional accounting purposes, the ACMG Federal ID# is 52-1774227.

CARD NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

BILLING STREET ADDRESS: \_\_\_\_\_

BILLING ADDRESS 2: \_\_\_\_\_

BILLING CITY, STATE, ZIP/POSTAL CODE: \_\_\_\_\_

SECURITY CODE\*: \_\_\_\_\_

\*Security Code: For VISA and MasterCard, three digit code on back of card; for American Express, four digit code on front of card.

Cardholder's name, printed, as it appears on card: \_\_\_\_\_

Cardholder's signature: \_\_\_\_\_

CODE: Website

# Fee Schedule and Membership Categories

## PAYMENT - Applicants applying:

Jan. 1 – May 31 Pay Full dues amount

June 1 – Sept. 30 Pay ½ year dues amount

Oct. 1 – Dec. 31 Pay Full dues amount (includes dues through Dec. 31 of the following year)

Application Fee \$50: The one-time \$50 application fee and dues payment must accompany the application. Accepted forms of payment include: check, VISA, MasterCard, and American Express. Student applicants are exempt from the application fee.

Category	2018 Full-Year Dues	2018 Half-Year Dues
Fellow		
MD AMA member	\$430	\$215
MD non-AMA member	\$830	\$415
PhD	\$630	\$315
Young Professional Year 1	\$160	n/a
Young Professional Year 2	\$315	n/a
Associate Member	\$255	\$127.50
Affiliate	\$255	\$127.50
Affiliate Scientist	\$305	\$152.50
Affiliate Specialist	\$305	\$152.50
Candidate Fellow	\$160	\$80
Corresponding Member	\$305	\$152.50
Corresponding Fellow	\$305	\$152.50
Emeritus Fellow	\$175	\$87.50
Emeritus Member	\$175	\$87.50
Trainee Member	\$110	\$55
Student Member	\$0	\$0

## MEMBERSHIP CATEGORIES

**Fellows** possess a relevant doctoral degree and a current and active general certificate issued by the ABMGG in one of the following specialties: Clinical Genetics, Clinical Biochemical Genetics, Clinical Cytogenetics or Clinical Molecular Genetics or an equivalent issued by the CCMG or the RCPS.

Those applying for Fellow membership within the first 6 months of earning their initial genetics certification are eligible for a two-year membership discount (refer to the dues schedule for discount details).

**Candidate Fellows** possess a relevant doctoral degree and are eligible for certification, but not yet certified, by the ABMGG, the CCMG, or the RCPS. Candidate Fellowship membership will expire in the odd year in which the next ABMGG, CCMG, or the RCPS exam is held.

**Associate Members** are certified in genetic counseling or eligible for certification in genetic counseling by the ABGC, or a College-recognized equivalent.

**Corresponding Fellows** possess the same qualifications as Fellows and reside permanently outside the United States and Canada.

**Corresponding Members** possess the same qualifications as Members and reside permanently outside the United States and Canada.

**Emeritus Fellows** are ACMG Fellow members in good standing for at least 5 consecutive years, that are 65 years or older, permanently retired and no longer working or working part time less than 20% full time hours.

**Emeritus Members** are non-ACMG Fellow members in good standing for at least 5 consecutive years, that are 65 years or older, permanently retired and no longer working or working part time less than 20% full time hours.

**Affiliate Specialist Members** possess a relevant doctoral degree and a current and active general certificate issued by one of the member boards (except ABMGG) of the ABMS, by a College-recognized dental or osteopathic specialty board, or by the RCPS.

**Affiliate Scientist Members** possess a relevant doctoral degree and an active professional interest in medical genetics.

**Affiliate Members** do not possess a relevant doctoral degree but have an active professional interest in medical genetics.

**Trainee Members** are enrolled in a graduate medical or post-doctoral training program in medical genetics accredited by the ACGME, the ABMGG, the CCMG, or the RCPS; a non-medical-genetics residency program accredited by the ACGME or the RCPS; or a post-doctoral fellowship in a relevant field and have an active professional interest in medical genetics.

**Student Members** are enrolled in a medical school accredited by the LCME or the AOA, an accredited graduate school program in a relevant field, or a training program in genetic counseling accredited by the ABGC or a College-recognized equivalent and have an interest in medical genetics.

ONLY Fellows, Corresponding Fellows, Emeritus Fellows and Honorary Fellows in good standing may use the designation "Fellow of the American College of Medical Genetics and Genomics" and the initials "FACMG" after their names.