

American College of Medical Genetics and Genomics
Application for Membership

7220 Wisconsin Avenue, Suite 300, 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 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. Applicants for Fellow and Candidate status - (2) completed Sponsor Forms from ACMG Fellow members are required.

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

State	Number	Date issued
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AMA Number	Date Issued	Expiration Date
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Certification by the American Board of Medical Genetics or American Board of Genetic Counseling

Specialty Area	Number	Date issued
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Certification by Canadian College of Medical Geneticists or Royal College of Physicians & Surgeons of Canada

Specialty Area	Number if any	Date issued
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Certification by another specialty recognized by the American Board of Medical Specialties

Name of Board	Number if any	Date issued
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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:

American College of Medical Genetics and Genomics Application for Membership Verification of Student/Trainee Status

Applicants for membership in the ACMG in the category of Student or Trainee ONLY: Type or print your name below, fill in your institution/laboratory, indicate your current student/trainee status, and give a copy of this form to your Program Director (trainees), Dean (students) or other appropriate institutional representative with an envelope addressed to: ACMG, 7220 Wisconsin Avenue, Suite 300, Bethesda, MD 20814. Completed forms should be mailed, faxed (301-718-9604) or emailed (acmg@acmg.net) directly to ACMG by the program director, dean or other institutional representative completing the form.

Applicants must also complete and submit a copy of the ACMG Membership application to ACMG. The membership application is available on the ACMG website JOIN ACMG page.

To be completed by applicant:

APPLICANT NAME:

INSTITUTION/LABORATORY:

APPLICANT STATUS (check as appropriate):

STUDENTS: Medical Graduate (pre-doctoral) Genetic Counseling Undergraduate (pre-bachelor's)

TRAINEES: Resident Fellow Postdoctoral Laboratory Trainee

SPECIALTY AREA (check all that apply):

Clinical Genetics Clinical Biochemical Genetics Clinical Cytogenetics Clinical Molecular Genetics Other, specify _____

To be completed by program director, dean, or other institutional official able to verify the applicant's status:

The above named individual is currently enrolled in an academic/training program as specified and is in good standing in the program.

PROGRAM START DATE:

EXPECTED DATE OF COMPLETION:

Full time Student Part time Student - Hours (number of hours per semester) _____

ADDITIONAL COMMENTS (OPTIONAL):

SIGNATURE:

PRINTED NAME:

DATE:

TITLE/POSITION:

TELEPHONE:

FAX:

EMAIL:

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	2014 Full-Year Dues	2014 Half-Year Dues
Fellow		
MD AMA member	\$415	\$207.50
MD non-AMA member	\$815	\$407.50
PhD	\$615	\$307.50
Associate Member	\$240	\$120
Affiliate	\$240	\$120
Affiliate Scientist	\$290	\$145
Affiliate Specialist	\$290	\$145
Candidate Fellow	\$290	\$145
Corresponding Member	\$290	\$145
Corresponding Fellow	\$290	\$145
Emeritus Fellow	\$175	\$87.50
Emeritus Member	\$175	\$87.50
Trainee Member	\$110	\$55
Student Member	\$0	\$0
Honorary Member	\$0	\$0

MEMBERSHIP CATEGORIES

Fellows possess a relevant doctoral degree and a current and active general certificate issued by the ABMG 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.

Candidate Fellows possess a relevant doctoral degree and are eligible for certification, but not yet certified, by the ABMG, the CCMG, or the RCPS.

Associate Members are certified in genetic counseling or eligible for certification in genetic counseling by the ABMG, 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 Fellows in good standing who have been members for at least five consecutive years, have retired from active practice and whose application for Emeritus status has been approved by the Board of Directors.

Emeritus Members are non-Fellow members in good standing who have been members for at least five consecutive years, have retired from active practice and whose application for Emeritus status has been approved by the Board of Directors.

Affiliate Specialist Members possess a relevant doctoral degree and a current and active general certificate issued by one of the member boards (except ABMG) 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 ABMG, 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.