

# 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

[membership@acmg.net](mailto:membership@acmg.net)

**STATUS CHANGE ONLINE:** [www.acmg.net/join](http://www.acmg.net/join)

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:

\*You must Opt-in to have your contact information display in the Membership Directory; preferences may be updated from the Members Only section of the ACMG website.

HOME ADDRESS 1:

HOME ADDRESS 2:

HOME CITY, STATE, ZIP/POSTAL CODE:

PHONE: ☐ WORK ☐ HOME FAX:

PREFERRED EMAIL\*\*:

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

FACULTY MEMBER: ☐ Yes ☐ No NPI #:

DATE OF BIRTH: GENDER:

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

\*\*\* Applicants for Associate Membership (if not yet certified), please attach proof of eligibility for Board certification. Applicants for Trainee and Student membership, please download and submit a Verification of Student/Trainee Status form. Affiliate applicants, please attach a brief 1 paragraph membership interest statement.

**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

**ACMG DATA PRIVACY PREFERENCES** All ACMG members receive ACMG transactional, educational and informational communications such as member alerts, member newsletters, ACMG Board statements, Genetics in Medicine, membership renewal information and other members' only communications by email, postal mail and telephone. In addition, you may elect to receive the following communications from ACMG, the ACMG Foundation for Genetic and Genomic Medicine, and ACMG Service Providers. **If you DO NOT explicitly opt in, you will not receive these additional communications.**

**Yes, please send me:** ☐ ACMG Annual Clinical Genetics Meeting communications

☐ ACMG Foundation communications

☐ ACMG Educational opportunities

☐ Yes, please list me in ACMG's online Membership Directory.\*

\*members' full name, prefix, applicable degrees, ACMG credential, institution, institution address, work phone, work fax and email will be displayed in **ACMG's publicly accessible Membership Directory** unless other preferences have been selected.

☐ Yes, please include me on the ACMG Membership Mailing Rental List

ACMG rents the Membership Mailing List (name and street address only) to companies for the purpose of marketing educational events, employment opportunities and products and services related to the field of medical genetics and genomics.

## ALL APPLICANTS:

**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.


**What ACMG Communications, if any, spurred your decision to join? (Please check all that apply)**

☐ ACMG Be a Part of it! Video

☐ ABMMG Diplomate Communication

☐ ACMG Membership Promotions on Social Media

☐ ACMG Membership E-mail

☐ ACMG Annual Meeting Membership Promotion

☐ ACMG Membership Mailing

☐ Other \_\_\_\_\_

**PHD APPLICANTS** (those holding both PhD and MD degrees must answer both sets of questions)

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** (those holding both MD and PhD degrees must answer both sets of questions)

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	Dues Amount \$ _____
June 1 – Sept 30	Pay ½ Year dues amount	Print Journal \$ _____
Oct. 1 – Dec. 31	Pay Full Year dues amount (includes dues through Dec. 31 of the following year)	(optional)
		<b>Total Charge \$ _____</b>

**METHOD OF PAYMENT**

**See Fee Schedule for current dues. Dues must accompany application. Make checks payable to ACMG or provide credit card information below.** For institutional accounting purposes, the ACMG Federal ID# is 52-1774227.

CARD NUMBER: _____	EXPIRATION DATE: _____
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: Web

# 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.

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

**Emeritus Fellows** are ACMG Fellows in good standing for the last 5 consecutive years, who are 65 years of age or older, permanently retired and no longer working or working part time less than 20% full time hours.

**Young Professional Fellows** are 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.

**Affiliate Members** are those with a doctoral degree and an active professional interest in medical genetics that is not their primary clinical specialty, or individuals who do not possess a relevant doctoral degree but have an active interest in medical genetics, including PAs and NPs, or those who permanently reside outside of the United States and Canada.

**Emeritus Members** are members in good standing for the last 5 consecutive years, who are 65 years of age or older, permanently retired and no longer working or working part time less than 20% full time hours.

**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** Student Members of the College shall be individuals who are at least 18 years of age and are enrolled in medical school, an undergraduate or graduate school program in a relevant field, or a training program in genetic counseling.

ONLY 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.

# 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)

Category	2022 Full-Year Dues	2022 Half-Year Dues
<b>Fellow</b>		
MD, AMA member	\$430	\$215
MD, non-AMA member	\$830	\$415
PhD	\$630	\$315
Corresponding	\$305	\$152.50
Emeritus	\$175	\$87.50
Young Professional Year 1	\$160	n/a
Young Professional Year 2	\$315	n/a
<b>Candidate Fellow</b>	\$160	\$80
<b>Associate Member</b>	\$255	\$127.50
<b>Affiliate Member</b>	\$305	\$152.50
<b>Emeritus Member</b>	\$175	\$87.50
<b>Trainee Member</b>	\$110	\$55
<b>Student Member</b>	\$0	\$0