

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

Qualifications

Physicians of good moral character are eligible for Fellow Membership if they devote themselves primarily to the practice of pathology and are certified by the American Board of Pathology, the Royal College of Physicians and Surgeons of Canada, the American Osteopathic Board of Pathology, or other certifying body approved by the Board of Governors. Fellows have the right to hold elective office and to appointment or election to the Board of Governors, in addition to the right to vote and to committee membership. College Fellows shall have the privilege of using the initials FCAP after their names.

Personal Information

First Name Middle

Last Name

MD PhD, discipline: Other, specify:
 DO

Date of birth / / My gender is:

Board Certification

Are you a diplomate of the American Board of Pathology?*

Yes / / No

Are you a diplomate of the American Osteopathic Board of Pathology?*

Yes / / No

Are you a diplomate of the Royal College of Physicians and Surgeons of Canada?*

Yes / / No

* Proof of board certification required. Please submit with application.

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 ZIP

Home Telephone Number Home Fax Number

Home E-mail Address

Business Address

Institution Name (if applicable)

Address

Address

Address

City State ZIP

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
- share my contact information with my State Pathology Society 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

Federal Tax Information

The estimated portion of the 2020 CAP dues allocable to lobbying activities and not deductible for federal income tax purposes is 35 percent. No portion of your dues is deductible as a charitable contribution.

Membership Categories & Dues

- \$0 **First Year Fellow Membership**
Pathologists initially board certified in 2020.
- \$113.75 **Second Year Fellow Membership - 75% Dues Discount.**
Pathologists initially board certified in 2019.
- \$227.50 **Third Year Fellow Membership - 50% Dues Discount.**
Pathologists initially board certified in 2018.
- \$341.25 **Fourth Year Fellow Membership - 25% Dues Discount.**
Pathologists initially board certified in 2017.
- \$455 **Fellow Membership**
Pathologists initially board certified in 2016 or earlier.
- \$227.50 **Military**

Payment Information

Please enclose the appropriate fee. Checks should be made payable to the **College of American Pathologists**. To pay by credit card, simply select one of the following:

- VISA MasterCard AMEX

Card Number

Expiration Date

Print Cardholder's Name

Cardholder's Signature

- Yes, I want my card automatically charged annually for member dues (CREDIT CARD INFO REQUIRED)**

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.

1. Completed application
2. The appropriate fee with your application.
3. A copy of your board certification.

Return completed application by mail or fax to:

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

Fax: 847-832-8292
Email: membership@cap.org

If you have any questions concerning this application or the application process, please contact the CAP at 800-323-4040, option 2.