

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

## Qualifications

Physicians of good moral character are eligible for Junior Membership if they are actively enrolled in, or have completed a formal training program in pathology toward the qualifications of the American Board of Pathology, the Royal College of Physicians and Surgeons of Canada, or the American Osteopathic Board of Pathology. For physicians not certified by one of these boards within three years of the date of completion of training, Junior Membership will automatically terminate at the end of the calendar year. When certified by a qualifying board, Junior Members are expected to apply for Fellowship within one year, after which their Junior Membership automatically terminates. In the event of illness or other mitigating circumstances, the time period may be extended at the discretion of the Board of Governors. Junior Members do not have the right to vote or hold elective office; they may be appointed to committees.

## Personal Information

First Name  Middle

Last Name

MD    PhD, discipline:     Other, specify:   
 DO

Date of birth  My gender is:

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 Email Address

## Business Address

Institution Name (if applicable)

Address

Address

City  State  ZIP

Business Telephone Number  Business Fax Number

Business Email 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

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

## 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

## Select a Free Gift

- CAP's best-selling book, *Color Atlas of Body Fluids: An Illustrated Field Guide Based on Proficiency Testing* (PUB216)
- CAP online pathology resource guide: (choose one of the following)
  - Clinical Informatics (CIRG1)
  - Digital Pathology (DPRG1)
  - In Vivo Microscopy (IVMRG1)
  - Precision Medicine (PMRG1)

## Return the Application

Candidates for membership are submitted to the CAP Board of Governors for acceptance on a quarterly schedule.

### Return completed application by mail or fax to:

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

Fax: 847-832-8499  
Email: [membership@cap.org](mailto:membership@cap.org)

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