



Qualifications

Physicians residing outside of the United States and Canada who spend at least fifty percent of their professional time practicing Pathology, and who have taken and passed their country's certifying Pathology exam (if there is one established), shall be eligible to be International Fellows. International Fellows shall have the privilege of using the initials "IFCAP" after their names but will not have the right to vote or hold elective office. They will pay the same dues as Fellows and may be appointed to participate in committees electronically.

Personal Data

Please type or print *clearly* all information exactly as you would like it to appear in your CAP database record.

First Name Middle Initial

Last Name

MD DO MBBS MBChB PhD Discipline Other, specify

Date of Birth (MM/DD/YY) Male Transgender I identify as:
 Female Prefer not to answer

Licensing and Certification

Are you currently practicing pathology at least 50% of your professional time? Yes No

Date you began to practice pathology (MM/YY)

Is there a pathology/international board available in your country? Yes No

Are you certified by an international board? Yes No

If yes, please list and supply the date(s) of certification.

International Board Date (MM/YY)

Are you:

Certified by the American Board of Pathology? Yes No Date (MM/YY)

Certified by the American Osteopathic Board of Pathology? Yes No Date (MM/YY)

Certified by the Royal College of Physicians and Surgeons of Canada? Yes No Date (MM/YY)

Business Address (Preferred mailing address for all *business* correspondence.)

Institution Name

Address 1

Address 2

City

State/Province (if applicable)

Country

Postal/Zip Code

Business Phone Number
(Include country/city/area code)

Business Fax Number
(Include country/city/area code)

Email Address

Home Address

Address 1

Address 2

City

State/Province (if applicable)

Country

Postal/Zip Code

Home Phone Number
(Include country/city/area code)

Home Fax Number
(Include country/city/area code)

Email Address

Preferred Mailing Address

Business

Home

Preferred Membership Directory Address

Business

Home

Practice Restrictions

Have you ever been convicted of a felony or entered a plea of *nolo contendere*? (If yes, please indicate the felony, jurisdiction, date of conviction, and any other relevant information.)

Yes (please detail on separate page) No

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 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 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 separate page) No

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.

Yes

No

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.

Yes

No

Payment Information

Fee: \$455 US International Fellow Member

To pay by credit card, please select one of the following:

Visa MasterCard AMEX

Card Number Expiration Date (MM/YY)

Name on Card

Optional

You are not required to complete this page as part of the CAP International Fellow Membership application. These questions are optional and have no impact on your membership application.

To better qualify you for service in the CAP, please list all languages other than English in which you can confidently hold a conversation/speak, read, and/or write. List your response to each category using the following rating scale:

Excellent = Very Proficient

Good = Proficient

Fair - Limited Proficiency

Language	Speaking	Reading	Writing

Do you currently work or have you worked in a CAP accredited laboratory? Yes No

If yes, please list the name of the laboratory.

Would you be interested in participating in an International CAP Laboratory Inspection? Yes No

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 along with your completed membership application.

1. Copy of Curriculum Vitae
2. Copy of board certification, if applicable
3. Appropriate fee with your application

Return completed application by: **Email:** membership@cap.org
Mail: Membership Department
College of American Pathologists
325 Waukegan Road
Northfield, IL 60093-2750
USA
Fax: 847-832-8309

If you have any questions concerning this application or the application process, please contact the CAP at 1-847-832-7309 or email questions to membership@cap.org.