



DSM-V Task Force and Work Group Acceptance Form

Please indicate whether or not you can accept appointment to an APA DSM-V Task Force or Work Group by signing in the appropriate place and returning this form to:

Assistant Director, DSM Operations, Office of Research, APA, 1000 Wilson Boulevard, Suite 1825,
Arlington VA, 22209-3901 phone: 703-907-8657 fax: 703-907-1087

In accepting appointment to this APA Task Force or Work Group, I understand and agree to the following terms:

1. I will receive no remuneration for my services, except that I will be reimbursed for Task Force or Work Group expenses in accordance with APA policy.
2. I will be indemnified against any liability that might arise against me as a result of my activities on behalf of the APA under this agreement, except to the extent such liability arises out of my failure to comply with the terms of this agreement or from my gross negligence or misconduct.
3. Any work product generated by the Task Force or Work Group, including literary works, reports, drafts, correspondence, memoranda, data, concepts, ideas, approaches, coding systems, and other documents, writings or tangible things of any kind (the "Work Product"), are works made for hire under the Copyright Law of the United States and is otherwise the property of the APA. If for any reason the Work Product is not deemed to be a "work made for hire," I hereby assign any and all right, title and interest I might have in such Work Product to the APA.
4. I am responsible for ensuring that all Work Product created by me is original to me and does not infringe upon or violate any patent, copyright or trade secret or other property right of any other person, including my employer, if any.
5. Even as to Work Product created solely by me, I am not authorized to use or publish such Work Product, or any material derived therefrom, without the written consent of the APA. Any request for such usage should be made in writing to the Medical Director. I understand that APA, as owner of the Work Product, may use the Work Product in any way and may make derivative works based on it.
6. I will not, during the term of this appointment or after, divulge, furnish or make accessible to anyone or use in any way (except as necessary to fulfill the obligations of my appointment) any Confidential Information. I understand that "Confidential Information" includes all Work Product, unpublished manuscripts and drafts and other pre-publication materials, group discussions, internal correspondence, information about the development process and any other written or unwritten information, in any form, that emanates from, describes or divulges, or is otherwise obtained in connection with my work with the APA Task Force or Work Group. The definition of "Confidential Information" shall not include any material that the APA publishes or makes publicly available or any material for which the APA grants me written approval to disseminate or publish.
7. If I am the author or editor of or am otherwise involved in my individual capacity in the preparation of any book-length work in any medium, the subject matter of which arises out of or derives from my work for this APA Task Force or Work Group or the DSM-V (a "Related Work"), I agree that I will first offer to APA the right to publish the Related Work. If APA (either itself, or through its designated representative)

agrees to publish the Related Work, then APA (or its representative) and I will enter into a separate agreement. If APA declines to publish the Related Work, then I am free to publish the Related Work elsewhere, subject to the other provisions of this Agreement.

8. During my tenure on the DSM-V Task Force and/or Work Group on which I will serve, I will not participate as chair, faculty or in any other capacity at any Industry Supported Symposia at any APA annual meeting.

9. The work of the DSM-V Task Force and Work Groups, like all APA components, must reflect and work toward the aims of the Association, and I may not use any of the Confidential Information or Work Product for personal gain.

These terms are agreeable to me.

I **ACCEPT** the APA appointment listed below

I **CANNOT** accept the APA appointment listed below

Signed _____

Date _____

Individual's Full Name and Degree	Individual's Full Name and Degree
DSM-V Work Group	Address line 1
FULL NAME OF WORK GROUP	Address line 2
Tenure as Member: 2007-2011	Address line 3
Carolyn B Robinowitz, MD – APA President	City State Zip
	Country
	Phone:
	Fax:
	Email:

Address information will appear in the *Print and On-line Directory of Components* as printed in the box above. Please show *changes* in the lined spaces. Please note that individuals on Components **may not use P.O. Box addresses or confidential addresses as their component/directory address.**

Address information as printed in box is correct.

Address _____

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