
GUIDELINES / NOMINATION FORM

APA International Fellowship



American Psychiatric Association

Membership Department MS#5 1808
1000 Wilson Blvd., Suite 1825
Arlington, VA 22209-3901

www.psych.org
Email: apa@psych.org
Fax: 703-907-1085

NOMINATION FOR INTERNATIONAL FELLOWSHIP

GUIDELINES FOR ELECTION TO INTERNATIONAL FELLOWSHIP

All nominations for the honor of International Fellowship are reviewed by the APA Membership Committee, which then submits its recommendations to the Board of Trustees for final approval.

Candidates for International Fellowship must be nominated by a Distinguished Fellow, Distinguished Life Fellow, or International Fellow. Once nominated, candidates will be notified and provided with the proper forms and paperwork by the APA Membership Department.

Nominees for International Fellowship must fulfill the criteria for Distinguished Fellowship, having made significant and continued contributions to the field of psychiatry in at least five of the areas listed below. **Excellence, not mere competence, is the hallmark of an International Fellow.**

- (1) **Board Certification, i.e., the equivalent of the American Board of Psychiatry and Neurology.**
- (2) **Involvement in the affairs of a local, national, or international psychiatric association.**
- (3) **Involvement in other medical and professional organizations.**
- (4) **Participation in non-compensated mental health and medical activities of social significance.**
- (5) **Participation in community activities unrelated to income-producing activities.**
- (6) **Clinical contributions.**
- (7) **Administrative contributions.**
- (8) **Teaching contributions.**
- (9) **Scientific and scholarly publications.**

In order that the Membership Committee may arrive at the appropriate decision, **detailed** comments must address the quality of nominee's accomplishments in the categories above. At least three of the letters must be from Distinguished Fellows, Distinguished Life Fellows and/or International Fellows of the APA; however, letters from other individuals (other members or non-psychiatrists) are **strongly** encouraged. Letters that amplify and delineate the quality of each activity reported on the nomination form are crucial to the Committee in its evaluation of the nominee. Each person asked to comment on a nominee should have a copy of these guidelines. **All letters must be typewritten or computer-generated and may be forwarded to the Committee in care of the APA Membership Department through email at intlmbr@psych.org or through mail at 1000 Wilson Blvd, Suite 1825, Arlington, VA 22209-3901, United States.**

Nominations should be typed on the approved form supplied by the APA. If additional space is needed, please attach addenda. **Curricula vitae alone are not acceptable. Forms must be received by the APA Membership Department no later than July 1st to ensure that they are complete for presentation to the Membership Committee at its fall meeting.**



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INSTRUCTIONS: Form to be completed by nominee. Curriculum vitae not acceptable. All information must be typewritten. Do not type on back of pages. If additional space is needed, please attach addendum.

BIOGRAPHICAL INFORMATION

LAST NAME _____ FIRST NAME _____ MI _____ SUFFIX _____

PREFERRED MAILING ADDRESS (LINE 1) HOME OFFICE _____

PREFERRED MAILING ADDRESS (LINE 2) _____ DEGREE (M.D., Ph.D., MPH) _____

CITY, STATE/PROVINCE, COUNTRY, ZIP/POSTAL CODE _____

AREA CODE AND TELEPHONE _____ BIRTH DATE M M D D Y Y _____ PLACE OF BIRTH _____

E-MAIL ADDRESS _____

ACADEMIC INFORMATION

Medical School(s) & Internships

SCHOOL _____

CITY/STATE OR COUNTRY _____

STARTED (MONTH/YEAR) FINISHED (MONTH/YEAR) DEGREE _____

SCHOOL/INTERNSHIP PROGRAM _____

CITY/STATE OR COUNTRY _____

STARTED (MONTH/YEAR) FINISHED (MONTH/YEAR) DEGREE _____

Psychiatric Residency Training (and other medical specialty training, including fellowship programs; list the most recent training first)

TRAINING PROGRAM/SCHOOL _____

CITY/STATE OR COUNTRY _____

STARTED (MONTH/YEAR) FINISHED (MONTH/YEAR) SPECIALTY _____

TRAINING PROGRAM/SCHOOL _____

CITY/STATE OR COUNTRY _____

STARTED (MONTH/YEAR) FINISHED (MONTH/YEAR) SPECIALTY _____

NOMINATION RECOMMENDATIONS

Please list **3 APA International Fellows, Distinguished Life Fellows, and/or Distinguished Fellows** whom we may write for letters supporting your nomination. Additional letters from others, including non-Distinguished Fellows, non-Distinguished Life Fellows, International Members and/or non-psychiatrists are appropriate though not required. All persons should be familiar with your current and past professional standing and contributions and should elaborate on items 1 through 9 on page 2 of this form.

NAME _____

CITY, STATE/PROVINCE, COUNTRY _____

NAME _____

CITY, STATE/PROVINCE, COUNTRY _____

NAME _____

CITY, STATE/PROVINCE, COUNTRY _____

**INSTRUCTIONS: Spaces below must be used; please attach addendum if necessary.
CURRICULUM VITAE NOT ACCEPTABLE.**

NAME _____

**FOR APA
COMMITTEE
USE ONLY**

1. BOARD CERTIFICATION(S) (i.e., equivalent of American Board of Psychiatry and Neurology)
(include dates):

2. INVOLVEMENT IN LOCAL, NATIONAL, OR INTERNATIONAL PSYCHIATRIC ASSOCIATIONS
(include dates):

3. INVOLVEMENT IN OTHER MEDICAL OR PROFESSIONAL ORGANIZATIONS
(include dates):

4. PARTICIPATION IN NON-COMPENSATED MENTAL HEALTH AND MEDICAL ACTIVITIES OF
SOCIAL SIGNIFICANCE (include dates):

5. COMMUNITY ACTIVITIES UNRELATED TO INCOME-PRODUCING ACTIVITIES
(include dates):

6. CLINICAL CONTRIBUTIONS (include dates):

7. ADMINISTRATIVE CONTRIBUTIONS (include dates):

8. TEACHING CONTRIBUTIONS (include dates):

9. SCIENTIFIC AND SCHOLARLY PUBLICATIONS (Append list of titles of articles or books,
publishers & dates):

Approved _____ Deferred _____