



Join APA Online! Complete your membership application online and submit it electronically to the APA Membership Department at www.psych.org JOIN APA.

My application is being submitted in response to your Member-Get-A-Member campaign. I am being referred by:

Member Name: _____ Member ID Number: _____

I am a physician in a psychiatric residency training program approved by the Residency Review Committee for Psychiatry of the Accreditation Council for Graduate Medical Education, the Royal College of Physicians and Surgeons (Canada), or the American Osteopathic Association.

I am applying for membership in the APA through the following District Branch/State Association: _____
(Please see the APA District Branch/State Association list on the back cover of this brochure)

Are you a former member of APA? Yes No. If YES, please provide your former name: _____

DUES AMNESTY FOR FORMER MEMBERS OWING PAST DUES: Former members who owe past dues may be eligible for a one time "dues amnesty" for past district branch and APA dues. To be eligible, your district branch must participate in the program and waive past district branch dues. Visit www.psych.org/membership for details.

BIOGRAPHICAL INFORMATION

LAST NAME FIRST NAME MI SUFFIX

PREFERRED MAILING ADDRESS (LINE 1) [] HOME [] OFFICE (REQUIRED)

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

CITY, STATE/PROVINCE, ZIP/POSTAL CODE

AREA CODE AND HOME TELEPHONE AREA CODE AND OFFICE TELEPHONE AREA CODE AND FAX NUMBER [] HOME [] OFFICE

E-MAIL ADDRESS [] HOME [] OFFICE
M M D D Y Y

DATE OF BIRTH COUNTRY OF BIRTH LANGUAGES SPOKEN (OTHER THAN ENGLISH)

OPTIONAL SECONDARY ADDRESS (LINE 1) [] HOME [] OFFICE

CITY, STATE/PROVINCE, ZIP/POSTAL CODE

DEMOGRAPHIC DATA

The following categories are for statistical purposes only. This information will not be considered in connection with your application for membership.

Gender: Male Female

Ethnicity/Race: (Check all that are applicable.)

Are you Spanish/Hispanic/Latino?

- No, not Spanish/Hispanic/Latino
- Yes, Mexican, Mexican-American, Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, Other Spanish/Hispanic/Latino

- American Indian or Alaska Native
- Asian: Indian & Indian Subcontinent
- Asian: Chinese
- Asian: Filipino
- Asian: Japanese
- Asian: Korean
- Asian: Vietnamese
- Asian: Other
- Black: Afro-American
- Black: Afro-Caribbean

- Black: African
- Black: Other
- Middle Eastern
- Pacific Islander: Native Hawaiian
- Pacific Islander: Guamanian or Charmorro
- Pacific Islander: Samoan
- Pacific Islander: Other
- White
- Other, Specify: _____
- Unreported

ETHICS

Has your license to practice medicine ever been revoked or suspended?

Yes No

Are you currently charged with illegal or unethical professional conduct by a regulatory or law enforcement agency or by a professional society?

Yes No

Have you ever been found guilty of illegal or unethical professional conduct by a regulatory or law enforcement agency or by a professional society? Yes No

If you answered YES to any of the three preceding questions, please provide details in a confidential communication to the APA Membership Committee Chair and attach the details to this application.

ACADEMIC TRAINING

Medical School

SCHOOL

CITY/STATE OR COUNTRY

STARTED (MONTH/YEAR) FINISHED OR EXPECTED (MONTH/YEAR) DEGREE

Psychiatry Residency Training (and other medical specialty training, including fellowship programs; list the most recent training first and include copies of training certificates).

TRAINING PROGRAM/SCHOOL

CITY/STATE OR COUNTRY

STARTED (MONTH/YEAR) FINISHED OR EXPECTED (MONTH/YEAR) SPECIALTY

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STARTED (MONTH/YEAR) FINISHED OR EXPECTED (MONTH/YEAR) SPECIALTY

Psychiatric Residency Endorsement — Members-In-Training must have the following endorsement signed by his/her training director:

Endorsement: I recommend the above applicant for membership in the American Psychiatric Association and certify the applicant's psychiatric training as listed above.

SIGNATURE (DIRECTOR OF TRAINING)

DATE

NAME OF TRAINING PROGRAM/INSTITUTION

AGREEMENT

I agree to abide by the bylaws of APA and its District Branches and State Associations. I understand that the organization will review my references and make inquiries about me and that I am not entitled to, and will not ask for, a disclosure of these replies. I will hold APA and its District Branches/State Associations, members, officers, employees, and agents free from all damage and complaint by reason of action taken on this application or by reason of any subsequent action on membership, including the sharing between the APA Office of Membership and District Branches/State Associations of information about my professional conduct. I pledge myself to standards of ethical practice and conduct as specified in the bylaws of APA and in the Principles of Medical Ethics With Annotations Especially Applicable to Psychiatry. I certify that the above information is accurate, and I understand that inaccurate information can invalidate my application. My signature means that I agree to the conditions above and on the reverse of this application.

SIGNATURE

DATE

Upon completion of psychiatric residency your membership status in the American Psychiatric Association (APA) and District Branch will be advanced to that of general member. In order to facilitate this transition please complete the following authorization allowing your training director to verify that you have successfully completed your residency. Please feel free to call the American Psychiatric Association at 888-357-7924 with any questions you may have.

I, _____, give permission to _____ (Training Program) to release information about my psychiatric training, including my completion date, to American Psychiatric Association for the sole purpose of maintaining and updating my member file. I understand that this information will also be shared with my District Branch.

SIGNATURE

DATE

APA MEMBER-IN-TRAINING • MEMBERSHIP APPLICATION

The American Psychiatric Association/District Branch/State Association membership year runs from January 1 through December 31. Members enrolled in or after April are invoiced a prorated amount for APA /District Branch membership dues. Membership is continuous on an annual basis, unless written notification is received from the member or the membership is terminated for non-payment of membership dues or failure to meet the APA—District Branch/State Association joint membership requirement. **District Branch/State Association dues are fixed by each individual branch.** APA national dues are waived for the first year for new resident members. Many District Branches and State Associations also waive local dues for the first year.

Enrollment is effective the first month following approval of your application by the APA Membership Department and your District Branch/State Association. Membership in APA and the District Branch/State Association is simultaneous; you must be a member of both to be a member of either.

Automatic Advancement Process:

Through the Automatic Advancement Process, APA Membership staff will contact the residency training programs directly to verify residency completion. Staff will also verify licensure information from websites to the extent the information is available. Licensure information that is not available on the web will need to be provided by the member or by the district branch, if available. Once APA staff has confirmed training completion and licensure, the MIT will be automatically advanced to General Member. The member will not be required to do anything to advance, unless the licensure information is unavailable at which time he/she will be asked to provide a copy of a current, valid medical license.

If the member is in an academic, research, or government position, a license is not required to complete your transfer, please contact APA.

If the member is either continuing advanced training or has not passed the USLME, he/she may continue as an MIT for a specified time period.

To ensure prompt processing of your membership application, be sure to:

- Complete the ethics section of the application.
- Sign and date the membership application.
- Obtain the endorsement signature from your residency training director.
- Do NOT send payment for membership dues with this application. You will be billed following enrollment.

Please complete and return this application to:

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