

AMERICAN PSYCHIATRIC ASSOCIATION
MINORITY FELLOWSHIP PROGRAM

NATIONAL MINORITY MENTORS NETWORK (NMMN)

JOIN THE NATIONAL MINORITY MENTORS NETWORK

APA members are encouraged to join the National Minority Mentors Network and become mentors to their younger minority colleagues.

Mentors play an important role in the professional growth and development of beginning psychiatrists and receive great satisfaction from sharing their hard-earned wisdom and experience. Moreover, mentoring is critical to fostering successful careers in psychiatry and ensuring the field's future success.

Those interested in joining or obtaining additional information about the network should contact Marilyn King 703-907-8653 or mking@psych.org.

Please complete the questionnaire below. Type or print legibly. If convenient, please submit your CV. Keep a copy of the form for your records. We would like to hear from you as soon as possible.

1. Name: _____
(First) (Middle) (Last) (Degree)
2. Preferred mailing address (please correct mailing label if necessary):

3. Telephone numbers: Work: _____ Home: _____
FAX: _____ email address: _____
4. Have you ever received an APA Resident Fellowship? Yes No Year: _____
Fellowship Name: _____
5. Professional Activities: _____

6. Publications: _____

7. Research: _____

8. Special Interest: _____
9. Mentor's areas of expertise (mark with an "E"), or interest (mark with an "I")
(please select no more than six responses per category):
____ Research training/career development _____ Anxiety/stress-related disorders
____ Basic biological sciences _____ Personality disorders
____ Behavioral cognitive sciences _____ Child/adolescent mental disorders

- | | |
|---|--|
| <input type="checkbox"/> Social sciences, including cross-cultural issues | <input type="checkbox"/> Geriatric/organic mental disorders |
| <input type="checkbox"/> Clinical psychobiology | <input type="checkbox"/> HIV/AIDS |
| <input type="checkbox"/> Psychotherapy | |
| <input type="checkbox"/> Diagnosis/nosology | <input type="checkbox"/> Alcohol abuse |
| <input type="checkbox"/> Epidemiology | <input type="checkbox"/> Other drug abuse |
| <input type="checkbox"/> Psychopharmacology | <input type="checkbox"/> Sleep, eating, and sexual disorders |
| <input type="checkbox"/> Psychosocial treatment | <input type="checkbox"/> Movement disorders/ neurologic conditions |
| <input type="checkbox"/> Health/mental health services research | <input type="checkbox"/> Forensic/legal/violence issues |
| <input type="checkbox"/> Consultation/liaison psych/behavioral medicine | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Psychotic disorders/schizophrenia | _____ |
| <input type="checkbox"/> Affective/mood disorders | |

10. Mentor's preference (if any) concerning trainee to whom matched:

A. Level:

- Medical student
 Resident
 Post-residency fellow

B. Sex:

- Male
 Female

C. Minority identification:

American Indian/Alaska native
(specify tribal affiliation): _____

Asian American
(check one):
 Chinese

Black/African American
 Hispanic (check one):
 Cuban
 Mexican-American
 Puerto Rican
 Other (specify): _____

Filipino
 Indian
 Japanese
 Korean
 Pacific Islander
 Other (specify): _____

D. Other (specify): _____

11. Mentor's role at APA Annual Meeting:

A. I would like to serve as a mentor to a minority fellow who is being sent to the APA Annual Meeting through the Minority Fellowships Program, which is funded by the Substance Abuse Mental Health Services Administration (SAMHSA) and AstraZeneca Pharmaceuticals, or a medical student or psychiatric resident. I agree to meet with this person at the Annual Meeting to talk about his or her plans for career development, to introduce him or her to colleagues at the meeting, and to suggest ways in which he or she might get the most from attending the meeting.
_____ yes _____ no

B. If I am chosen as a mentor, I will attend an orientation meeting for fellows and mentors at the APA Annual Meeting at a designated time.
_____ yes _____ no

Please return this form, your CV, and additional material about your institution or program to:

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Arlington, VA 22209
FAX: 703/907-7852 **Email: mking@psych.org**