

# GENERAL MEMBER ELIGIBILITY VERIFICATION FORM

You are eligible to hold General Member status if you:

1. Have completed an ACGME-, RCPS(C)-, or AOA-approved psychiatry residency training program, and
2. Hold a current valid medical license.

Please complete the form below and sign where indicated to acknowledge whether or not you meet the General Membership eligibility requirements. Fax the completed form to 202-403-3673, email to [membership@psych.org](mailto:membership@psych.org), or mail to the address below.

**Yes, I meet the General Membership requirements listed above.**

Name of Residency Program: \_\_\_\_\_

Start date:    /    /

End date:    /    /

State and License Number: \_\_\_\_\_

**Yes, I meet the General Membership requirements listed above and have completed the required information, however, I am continuing my training in a fellowship program as noted below; and therefore will continue as a Resident-Fellow Member (RFM).**

Name of Fellowship Program: \_\_\_\_\_

Type of Training: \_\_\_\_\_

Start date:    /    /

Expected  
end date:    /    /

**No, I do not currently meet the General Membership requirements because:**

I will not finish training until:    /    /

I will not obtain my license (USMLE) until:    /    /

**Note: Members who have completed training but have not passed the USMLE may remain as a member for up to one year after training completion.**

**PLEASE PROVIDE CURRENT MAILING ADDRESS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

This is a new address. Please transfer my local membership to the new district branch.

**I CERTIFY THAT THE INFORMATION PROVIDED IS CORRECT:**

Member ID: \_\_\_\_\_

Date:    /    /

Member Name (Please Print): \_\_\_\_\_

Signature: \_\_\_\_\_