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## Nomination Form for International Distinguished Fellowship

## **Instructions:**

- 1. Form to be completed by nominee
- 2. Curriculum vitae alone not accepted
- 3. Information must be typewritten

Name:	MIDDLE	LAST			
Preferred Mailing	WIIDDLE	LAST			
Address:					
	STREET				
CITY	STATE/PROVINCE	COUNTRY	POSTAL CODE		
Telephone:	Birthplace & DOB:				
Email:					
EDUCATION					
	Educat	ion Institution/Location	Dates	Degree	
Medical School(s)					
Internship					
Psychiatric Residency					
Subspecialty Training (Child, Legal, Social, Community, etc.)					
Additional Training (including psychoanalytic)					
	<u> </u>			<u>-</u>	
supporting your nomination. Addi	tional letters from other i should be familiar with yo	ished Life Fellows whom you have req individuals (e.g., other members or non our current and past professional stand page 2 of this form.	ı-psychiatrists) are ap	propriate	
NAME	ADDRESS				
1)					
2)					
2)					

Please document all information within the respective sections noted below. Boxes may be expanded to accommodate written information. Please <u>DO NOT</u> attach curriculum vitae.

NAME:		
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 date	es):	
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:		
TOTAL POINTS. TOTAL CATECODIES. APPROVED. DEFERRED.	(marting dispersion)	