



BECOME AN INTERNATIONAL FELLOW OF THE APA

Take Your Psychiatric Career to the Next Level

Earn the IFAPA Designation

► Why Become an International Fellow?

- International Fellow status is an honor that reflects your dedication to the field of psychiatry and signifies your allegiance to the profession.
- You are recognized by your colleagues in the Association as a member of a very select group.
- All newly appointed International Fellows are publicly recognized at the Convocation of Distinguished Fellows, held every year during APA's Annual Meeting.
- You receive an embossed International Fellow certificate and a lapel pin in recognition of your status.
- Annual dues rates for International Members and International Fellows are the same.

► What are the Eligibility Requirements?

- Must be a current APA International Member in good standing, with three (3) years of APA membership OR three (3) years as a Member/Fellow in good standing of either 1) Royal Australian & New Zealand College of Psychiatrists, 2) Royal College of Psychiatrists (UK), or 3) your national or local psychiatric organization. **A letter of verification on the organization's letterhead is required. The letter must be in English or a certified translation.**
- Board certification in psychiatry or equivalent, if certification exists in your country.
- Approval by the APA Membership Committee in October.
- Approval by the APA Board of Trustees in December.

► How Do I Apply?

If you meet all the requirements, complete the **International Fellowship application** on the reverse side.

All applications must be submitted to the American Psychiatric Association by August 1st.

If you are not a current APA International Member, you must complete an International Membership application when submitting the International Fellowship application.

Go to psychiatry.org/international to download the International membership application.

APA International Fellowship Application

▶ Deadline:

Submit your completed application to the APA by **August 1st**

THREE WAYS TO SUBMIT:

Email: intlubr@psych.org
Fax: +1-703-907-1085

Mail: American Psychiatric Association
Membership Department
1000 Wilson Blvd., Suite 1825
Arlington, VA 22209-3901, USA

APA Membership Status

- I am currently an APA International Member. APA ID# _____
- I am not currently an APA International Member but I have completed an International Membership application.

Biographical Information

Last Name (Family Name):		First Name:	Middle Initial:
Suffix:		Degree(s) (e.g., M.D., M.B.B.S.):	
Mailing Address:			
City:	Province/State:	CEP/Postal Code:	
<input type="checkbox"/> This is my preferred mailing address.			
Country:	Office Phone		
Office Fax	Country Code/City Code/Phone:		
Country Code/City Code/Phone:	Home Phone		
	Country Code/City Code/Phone:		
Email Address:			

Board Certification in Psychiatry

If your country has a national psychiatry board certification exam, similar to the exam offered by the American Board of Psychiatry and Neurology, please list the information below.

Name of Organization
Administering Exam:

Date Certified in Psychiatry:	Date Valid Through:
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- Please check here if your country does not have a board certification equivalent.

Ethics

Please answer the following questions regarding ethics.

- | | |
|---|--|
| <input type="checkbox"/> Has your license to practice medicine ever been revoked or suspended? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Are you currently charged with illegal or unethical professional conduct by a regulatory or law enforcement agency or by a professional society? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Have you ever been held liable for civil or criminal sanctions by a regulatory or law enforcement body or by a professional society for illegal or unethical professional conduct? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

Questions?

Contact APA Membership Department at intlubr@psych.org

Membership Requirement

- | | |
|---|--|
| <input type="checkbox"/> I have been an APA International Member for at least 3 years. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> I am a Member/Fellow in good standing of either: 1) Royal Australian & New Zealand College of Psychiatrists, 2) Royal College of Psychiatrists (UK), or 3) my national or local psychiatric organization as noted below. Attached is a letter of verification written on the organization's letterhead stating I have been a member for at least 3 years. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Name of Organization
(RANZCP, RCP (UK), Other):

Join Date:

- There is no national or local psychiatric organization in my country.

Agreement

I will hold APA members, officers, employees, and agents free from all damage and complaint by reason of action taken on this Fellowship application or by reason of any subsequent action on membership, including the sharing between APA and my local association of information about my professional conduct.

By signing my name below, I certify that the above information is accurate, and I understand that inaccurate information can invalidate my application.

Signature: _____ Date: _____