

# International Resident-Fellow Member

Membership Guide and Application  
for International Psychiatric Trainees



# Supporting the Next Generation of Psychiatrists Around the World

JOIN ONLINE at  
[psychiatry.org/join](https://psychiatry.org/join)

As an International Resident-Fellow Member (IRFM) of the American Psychiatric Association (APA), you become part of an organization of over 36,000 psychiatrists and psychiatric trainees from over 100 countries. APA is a global community dedicated to promoting the highest quality care for patients

by providing supplemental education and training and professional development opportunities to psychiatric trainees around the world. **You represent the future of psychiatry and mental health. APA is committed to supporting your development.**

## Benefits and services include the following:



### EDUCATION & TRAINING

Free online access to SET for Success, a Supplemental Education and Training program designed to help psychiatric residents and trainees build knowledge around the core competencies of psychiatry



### PROFESSIONAL DEVELOPMENT

Free online access to resources on important non-clinical topics for psychiatric trainees, infrequently included in medical curricula, including the business of medicine..



### JOURNALS

Free online access to *The American Journal of Psychiatry* (a \$277 savings), the most widely read psychiatric journal in the world, the *Residents' Journal*, written by trainees for trainees, and *Psychiatric Services* (a \$134 savings)



### PUBLICATIONS

Discounted rate of 25% on more than 700 books in 29 languages, including some of the most used reference books by psychiatrists and DSM-5.



### APA MEETINGS

Discounted registration to APA meetings, including the APA Annual Meeting, the largest psychiatric meeting in the world (a \$70 savings), and IPS: The Mental Health Services Conference (a \$30-60 savings)



### NETWORKING

Free online access to a network of psychiatrists and trainees through social media and professional outlets, and membership directories.

# APA International Resident-Fellow Membership Dues

APA International Membership is annual from January 1 through December 31.

Income Category Group	Annual Dues Rate
High Income (HI)	\$38.00 USD
Upper Middle Income (UMI)	\$33.00 USD
Lower Middle Income (LMI)	\$24.00 USD
Low Income (LI)	\$9.00 USD



## COUNTRY LIST

& Income Category Group (defined by World Bank as of 2015)

AFGHANISTAN	LI	CONGO, REP.	LMI	INDONESIA	LMI	MONTENEGRO	UMI	SPAIN	HI
ALBANIA	UMI	COSTA RICA	UMI	IRAN, ISLAMIC REP.	UMI	MOROCCO	LMI	SRI LANKA	LMI
ALGERIA	UMI	CÔTE D'IVOIRE	LMI	IRAQ	UMI	MOZAMBIQUE	LI	ST. KITTS & NEVIS	HI
AMERICAN SAMOA	UMI	CROATIA	HI	IRELAND	HI	MYANMAR	LMI	ST. LUCIA	UMI
ANDORRA	HI	CUBA	UMI	ISLE OF MAN	HI	NAMIBIA	UMI	ST. MAARTEN (DUTCH PART)	HI
ANGOLA	UMI	CURAÇAO	HI	ISRAEL	HI	NEPAL	LI	ST. MARTIN (FRENCH PART)	HI
ANTIGUA & BARBUDA	HI	CYPRUS	HI	ITALY	HI	NETHERLANDS	HI	ST. VINCENT & THE GRENADINES	UMI
ARGENTINA	HI	CZECH REPUBLIC	HI	JAMAICA	UMI	NEW CALEDONIA	HI	SUDAN	LMI
ARMENIA	LMI	DENMARK	HI	JAPAN	HI	NEW ZEALAND	HI	SURINAME	UMI
ARUBA	HI	DJIBOUTI	LMI	JORDAN	UMI	NICARAGUA	LMI	SWAZILAND	LMI
AUSTRALIA	HI	DOMINICA	UMI	KAZAKHSTAN	UMI	NIGER	LI	SWEDEN	HI
AUSTRIA	HI	DOMINICAN REPUBLIC	UMI	KENYA	LMI	NIGERIA	LMI	SWITZERLAND	HI
AZERBAIJAN	UMI	ECUADOR	UMI	KIRIBATI	LMI	NORTHERN MARIANA ISLANDS	HI	SYRIAN ARAB REPUBLIC	LMI
BAHAMAS, THE	HI	EGYPT, ARAB REP.	LMI	KOREA, DEM. REP.	LI	NORWAY	HI	TAIWAN, CHINA	HI
BAHRAIN	HI	EL SALVADOR	LMI	KOREA, REP.	HI	OMAN	HI	TAJIKISTAN	LMI
BANGLADESH	LMI	EQUATORIAL GUINEA	HI	KOSOVO	LMI	PAKISTAN	LMI	TANZANIA	LI
BARBADOS	HI	ERITREA	LI	KUWAIT	HI	PALAU	UMI	THAILAND	UMI
BELARUS	UMI	ESTONIA	HI	KYRGYZ REPUBLIC	LMI	PANAMA	UMI	TIMOR-LESTE	LMI
BELGIUM	HI	ETHIOPIA	LI	LAO PDR	LMI	PAPUA NEW GUINEA	LMI	TOGO	LI
BELIZE	UMI	FAEROE ISLANDS	HI	LATVIA	HI	PARAGUAY	UMI	TONGA	UMI
BENIN	LI	FIJI	UMI	LEBANON	UMI	PERU	UMI	TRINIDAD & TOBAGO	HI
BERMUDA	HI	FINLAND	HI	LESOTHO	LMI	PHILIPPINES	LMI	TUNISIA	UMI
BHUTAN	LMI	FRANCE	HI	LIBERIA	LI	POLAND	HI	TURKEY	UMI
BOLIVIA	LMI	FRENCH POLYNESIA	HI	LIBYA	UMI	PORTUGAL	HI	TURKMENISTAN	UMI
BOSNIA & HERZEGOVINA	UMI	GABON	UMI	LIECHTENSTEIN	HI	QATAR	HI	TURKS & CAICOS ISLANDS	HI
BOTSWANA	UMI	GAMBIA, THE	LI	LITHUANIA	HI	ROMANIA	UMI	TUVALU	UMI
BRAZIL	UMI	GEORGIA	LMI	LUXEMBOURG	HI	RUSSIAN FEDERATION	HI	UGANDA	LI
BRUNEI DARUSSALAM	HI	GERMANY	HI	MACAO SAR, CHINA	HI	RWANDA	LI	UKRAINE	LMI
BULGARIA	UMI	GHANA	LMI	MACEDONIA, FYR	UMI	SAMOA	LMI	UNITED ARAB EMIRATES	HI
BURKINA FASO	LI	GREECE	HI	MADAGASCAR	LI	SAN MARINO	HI	UNITED KINGDOM	HI
BURUNDI	LI	GREENLAND	HI	MALAWI	LI	SÃO TOMÉ & PRÍNCIPE	LMI	URUGUAY	HI
CABO VERDE	LMI	GRENADA	UMI	MALAYSIA	UMI	SAUDI ARABIA	HI	UZBEKISTAN	LMI
CAMBODIA	LI	GUAM	HI	MALDIVES	UMI	SENEGAL	LMI	VANUATU	LMI
CAMEROON	LMI	GUATEMALA	LMI	MALI	LI	SERBIA	UMI	VENEZUELA, RB	HI
CAYMAN ISLANDS	HI	GUINEA	LI	MALTA	HI	SEYCHELLES	HI	VIETNAM	LMI
CENTRAL AFRICAN REPUBLIC	LI	GUINEA-BISSAU	LI	MARSHALL ISLANDS	LI	SIERRA LEONE	LI	VIRGIN ISLANDS (U.S.)	HI
CHAD	LI	GUYANA	LMI	MAURITANIA	LMI	SINGAPORE	HI	WEST BANK & GAZA	LMI
CHANNEL ISLANDS	HI	HAITI	LI	MAURITIUS	UMI	SLOVAK REPUBLIC	HI	YEMEN, REP.	LMI
CHILE	HI	HONDURAS	LMI	MEXICO	UMI	SLOVENIA	HI	ZAMBIA	LMI
CHINA	UMI	HONG KONG SAR, CHINA	HI	MICRONESIA, FED. STS.	LMI	SOLOMON ISLANDS	LMI	ZIMBABWE	LI
COLOMBIA	UMI	HUNGARY	HI	MOLDOVA	LMI	SOMALIA	LI		
COMOROS	LI	ICELAND	HI	MONACO	HI	SOUTH AFRICA	UMI		
CONGO, DEM. REP.	LI	INDIA	LMI	MONGOLIA	UMI	SOUTH SUDAN	LI		

# APA International Resident-Fellow Member Application

Detach and return the completed application by mail or fax:

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

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

Or Join online at  
[psychiatry.org/join](http://psychiatry.org/join)

PERSONAL INFORMATION

Have you been a member of the APA before?    Yes    No    If yes, APA Member ID (if known): \_\_\_\_\_ Referred by APA Member (Name): \_\_\_\_\_

Family/Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Other Surnames Used Professionally: \_\_\_\_\_ (for verification purposes only) Country of Birth: \_\_\_\_\_ Date of Birth: MM/DD/YYYY

Office Phone \_\_\_\_\_ (Country Code/City Code/Phone): Home Phone \_\_\_\_\_ (Country Code/City Code/Phone): Gender:    Male    Female

Fax Number \_\_\_\_\_ (Country Code/City Code/Phone): Cell/Mobile \_\_\_\_\_ (Country Code/City Code/Phone): Degree: M.D.    D.O.    M.B.B.S.

Primary Email: \_\_\_\_\_ Secondary Email: \_\_\_\_\_

MAILING ADDRESS

PRIMARY MAILING ADDRESS		PROFESSIONAL MEMBERSHIP IN MEDICAL SOCIETIES	
Home	Office		
Street Address:		Name:	
Street Address (Line 2):		Location:	
City:	State/Province:	Name:	
Country:	District/ Postal Code:	Location:	

EDUCATION

**PSYCHIATRIC TRAINING ENDORSEMENT**

Please provide a letter of endorsement (in English or a Certified Translation) from your training program director (or equivalent) to verify your status as a psychiatric trainee. (Please select from below):

Medical School (Required): \_\_\_\_\_

University/School Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Letter attached

Degree: \_\_\_\_\_ Begin date: MM/YYYY Completion: MM/YYYY Letter emailed to intlmb@psych.org

PSYCHIATRIC TRAINING (and other medical specialty training including fellowship programs; list the most recent training first and include copies of training certificates.)	ETHICS	
Training Program/School: _____	Has your license to practice medicine ever been revoked or suspended?	Yes    No
City: _____ State: _____ Begin Date: MM/YYYY	Are you currently charged with illegal or unethical professional conduct by a regulatory or law enforcement agency or by a professional society?	Yes    No
Country: _____ Date Completed or Expected: MM/YYYY	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?	Yes    No
Training Program/School: _____	<i>If YES to any of the three preceding questions, please furnish details in a confidential communication to the APA Membership Committee Chair and attach to this application.</i>	
City: _____ State: _____ Begin Date: MM/YYYY		
Country: _____ Date Completed or Expected: MM/YYYY		

## AGREEMENT

In consideration of my membership in the APA, which I understand is a privilege and not a right, I agree that APA may make inquiries about me and that I am not entitled to the results, that I will pay the dues required on or before the due date, that I will adhere to the standards of ethical practice and conduct as well as the procedures outlined in the Principles of Medical Ethics With Annotations Especially Applicable to Psychiatry, that APA may publish my membership data in its membership database to which all members and third parties permitted by APA will have access, that APA may provide government authorities all information pertaining to me if in receipt of a subpoena from authorities or if the institution seeking the information is a public institution which has paid all or any portion of my membership dues or CME fees, and that I will hold APA harmless from any and all liability arising out of or relating to my membership, including but not limited to, decisions concerning membership, ethics, and/or the provision or storage of my personal and/or financial information. Any disputes that arise out of or relate to this agreement and/or my membership shall be governed by Virginia law without regard to its choice of law principles and any hearings or proceedings shall be heard in the state of Virginia.

By checking this box, I understand that an electronic (typed) signature has the same legal effect and can be enforced in the same way as a written signature.

Signature: \_\_\_\_\_ Date: MM/DD/YYYY

## MEMBERSHIP DUES

APA International Membership is annual from January 1 through December 31. International membership dues are payable in USD and are not prorated. **Please see World Bank country list (on the back) to determine your country of residence income group category.**

## PAYMENT INFORMATION

Check enclosed. Must make payable to APA and remit in U.S. funds drawn on a U.S. bank.  
Credit Card:    Visa    MasterCard    American Express

Amount to be Charged (USD): \$
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Credit Card Number: \_\_\_\_\_

Name As It Appears On Card: \_\_\_\_\_

Expiration Date: MM/YYYY    Security Code: \_\_\_\_\_

Signature \_\_\_\_\_ Date: MM/DD/YYYY