NOTE

The Operations Manual is updated to include actions taken by the Board of Trustees (including Assembly actions) after every Board meeting. An updated version is provided on the APA website.

OPERATIONS MANUAL

OF THE

BOARD OF TRUSTEES AND ASSEMBLY

OF THE

AMERICAN PSYCHIATRIC ASSOCIATION

Updated April 2017

Includes Actions of the Board of Trustees and the Assembly through March 2017
APA completed a reorganization that became effective on January 1, 2001. Prior to that, APA was exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code (the “Code”). As of January 1, 2001, the members of APA became members of a new organization that is exempt under section 501(c)(6) of the Code. The new organization has taken over the name “American Psychiatric Association” and will carry out the membership activities previously conducted by the former APA. The 501(c)(3) organization formerly known as APA continues in existence under the new name “American Psychiatric Publishing, Inc.”, and will carry out the publishing activities previously undertaken by APA and APPI. American Psychiatric Association Foundation (APAF) and American Psychiatric Institute for Research and Education (APIRE) continue to operate as separate organizations that are exempt under section 501(c)(3) of the Code.

In May, 2001, the APA Board of Trustees voted to approve the Operations Manual of the former 501(c)(3) organization for use by the 501 (c)(6) organization now known as American Psychiatric Association.
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CHAPTER ONE: GOVERNANCE STRUCTURE

The Board of Trustees, the Assembly, and the components comprise the governance structure of the American Psychiatric Association.

A. The Board of Trustees

The Association is governed by the Board of Trustees (hereinafter the Board), which is composed of officers elected nationally and members elected both nationally and regionally. The power to make policy is vested in the Board; the Board's primary function is to manage the affairs of the Association and formulate and implement the policies of the Association. The Board exercises all the powers of the Association that are not otherwise assigned. Authority: The Board of Trustees was established in 1969. Bylaws 4.1 designates the Officers of the Association; the remainder of Bylaws Chapter 4 provides specific duties, terms of office, and nomination and election of Officers. Bylaws 3.1-3.8 designate the composition of the Board of Trustees and the nomination and election of Trustees. Bylaws 3.9 outlines meetings of the Board. Bylaws 3.10 specifies the functions and responsibilities of the Board.

1. Composition of the Board‡

| Officers: (Bylaws 4.2-4.4) | • President  
|                           | • President-elect  
|                           | • Secretary  
|                           | • Treasurer  
| Trustees Voting: (Bylaws Chpt. 3) | • The four Officers of the Association (with the President as Chair)‡  
|                           | • The three immediate Past Presidents  
|                           | • Speaker of the Assembly  
|                           | • Speaker-elect of the Assembly  
|                           | • One Trustee elected at large  
|                           | • One Minority Under-Represented (MUR) Trustee elected by the Minority Caucuses (created 2011)  
|                           | • One Early Career Psychiatrist (ECP) Trustee elected at large (created 2000)  
|                           | • One Trustee elected by the membership of each geographical area as defined by the Assembly (seven at this time)  
|                           | • A Resident-Fellow Member Trustee (RFMT) elected by Resident-Fellow Members (created 1987)  
| Trustees Nonvoting: | • Past Presidents (only those elected prior to 2000), after serving a three-year term as voting members, shall continue as members of the Board with voice but no vote.  
|                           | • Resident-Fellow Member Trustee-Elect (RFMTE) elected by Resident-Fellow Members who shall serve a one-year term without vote and advance to Resident-Fellow Member Trustee  
| Others in attendance: | • *Representative from American Psychiatric Leadership Fellows  
|                           | • *Representative from APA/SAMHSA or Diversity Leadership Fellows  
|                           | • *Representative from APA Public Psychiatry Fellows  
|                           | *Selected/elected by their own groups  

‡ The composition reflects Bylaws amendments removing the Vice President (2009), disaggregating the office of the Secretary-Treasurer (2009) in to the Secretary and Treasurer positions, eliminating one of two original Trustee-at-Large (2009/2011) positions, and adding a Minority Underrepresented Trustee (2011). One Vice President position was eliminated in 2004. The Vice President elected in 2003 served until 2005, at which time the next Vice President was elected for a 2-year term. The Treasurer elected in 2004 served as Treasurer until 2005 and became the Secretary-Treasurer for 2005-2006 and the Secretary position was eliminated. The Secretary-Treasurer was elected in 2006 for a 2-year term. Henceforth, the Vice President and Secretary-Treasurer were elected in alternate years.

In addition to the above, the Bylaws contain provisions for eligibility (Chapter 3.2) nomination and election (Chapters 3.2 and 4.7), the filling of vacancies (Chapter 4.9) and recall (Chapter 4.8). Appendix F of this manual contains details of the nomination and election procedures.

2. Terms of Office

The terms of officers and trustees begin at the close of the annual meeting in the year they are elected and end at
the close of the next annual meeting (or in the case of those serving two- or three-year terms, at the close of the second or third annual meeting).

3. Meetings

Members of the Board are notified of the date and place of the meetings. Board members are expected to attend meetings and participate in the matters at hand, for they cannot delegate responsibility to govern or give a proxy vote. If one session follows closely on another, such notification may be made orally. The Board customarily meets four to six times a year. The Board may meet at such other times as the business of the APA may require. The President may call meetings of the Board at his/her discretion. One-third (1/3) of Board voting members may, by petition, convene a special meeting, giving at least two (2) weeks' notice.

Meetings of the Board of Trustees are in open session. The President may call an executive session at the request of any Board member or on the advice of legal counsel. A simple majority of the Board may vote to end an executive session. Discussion and actions in executive sessions are confidential unless the Board decides that particular information or an action should be reported out.

a. Consent Calendar

To facilitate its work, the Board has approved the use of a Consent Calendar as its first order of business during a meeting. This mechanism enables the Board to approve all routine, non-controversial or administrative matters contained on the Calendar en bloc without discussion. No item may be considered on the Consent Calendar that has not been included in the material submitted prior to the meeting. Each item included specifically states the action requested. Request for removal of an item from the Calendar by any voting member of the Board automatically places it on the regular agenda for discussion. Items that have not been so removed are deemed to be included in the Consent Calendar.

b. Parliamentary Procedure

*The Standard Code of Parliamentary Procedure* by Alice Sturgis (current edition) is followed. The Board is a continuing body. A majority of its voting members always sustains the program year; it does not adjourn sine die.

c. Attendance

Board meetings are open to all members of the Association. The Medical Director, the Division Directors, Director of Association Governance, and the Staff Liaison to the Board are expected to attend. Legal counsel is usually present. Chairpersons of councils or other components and other key staff may be invited to attend as appropriate. Non-voting past APA presidents are welcomed to attend at their own expense.

d. Agenda

It is the President’s responsibility to prepare the agenda and have it mailed in advance to all Board members and to such others as will participate in the Board meeting.

The agenda customarily includes the following items: Call to Order, approval of the Consent Calendar, approval of minutes of previous meetings, reports from officers, special reports and matters of policy, report of the Joint Reference Committee, report of the Speaker, report of the Medical Director, reports of various components, Old Business, New Business, Announcements, Adjournment.

Any member may request that an item be placed on the agenda, but its acceptance is determined by the President. In view of the limited time available, primary effort is made to include only those items on which sufficient preliminary member and staff work has been completed to make it possible for the Board to make a decision. Each item is usually accompanied by pertinent background information or the relevant correspondence. Any significant financial matter to be discussed and voted on by the Board must be listed on the agenda and the relevant background material must be distributed to the members of the Board for their review prior to the discussion and vote. (See also duties of the Secretary)

Reports of components going to the Board must reach the staff liaison promptly and must be accompanied by a one-page Executive Summary. *The Board will not consider actions unless the voting members receive them at least two (2) weeks before the meeting* (allowing members time for appropriate preparation.) Reports received after the established date will be held over for circulation prior to the next scheduled meeting of the Board. Exceptions may be requested for urgent matters that cannot, in the best interests of the Association, be held
over for the next meeting.

e. **Official Minutes**

It is the Secretary’s responsibility to record and prepare minutes of Board meetings with the aid of staff. A verbatim record may be made of the deliberations, usually by tape recording. Lengthy resolutions and reports are ordinarily handed to the Secretary at the Board meeting for incorporation in the record. The Secretary is assisted by the staff liaison to the Board. The Secretary reviews and approves these minutes prior to their distribution to the Board. The official minutes are kept on file at Central Office and may be consulted by any member at any time during office hours. Tapes are destroyed after minutes are approved.

Minutes of Board meetings are intended primarily to report the actions of the Board, not to summarize the discussions associated with those actions. Often, however, minutes from APA Board meetings include relevant elements of the discussion to provide a context for the actions reported. Although the minutes are prepared from transcripts of the meetings, factual errors may occasionally be made or issues reported in such a manner as to permit misinterpretations of members’ comments. **The policy below addresses procedures for corrections to and clarifications of minutes of the Board.**

**Corrections** are rectifications of factual errors in the minutes.

- Corrections of minutes of a previous meeting may be offered by any Board member for approval by the Board prior to the acceptance of the minutes at its next regularly scheduled meeting.
- If a question is raised by a Board member about the accuracy of a proposed correction, either at the time the correction is proposed or subsequent to its acceptance, the Board may charge the Secretary with the responsibility of reviewing the transcript and, if necessary, the audio-tape of the meeting to establish what actually was said. The audio-tape is the ultimate record for this purpose.
- In the circumstances envisioned in above, the Secretary shall report his or her findings to the Board, after which the Board shall determine whether any further modification of the minutes is required.
- The corrected version of the minutes shall be the authoritative version for establishing the record of Board actions and deliberations.

**Clarifications** are additions to the minutes designed to avoid possible misinterpretations of comments that were accurately reported in the minutes. Clarifications **may include comments by Board members that they misspoke** on a particular occasion, and comments designed to place remarks in a broader context.

- Requests for clarifications of a Board member’s or guest’s comments that have been reported in the minutes may be made by that person, or by another member of the Board with that person’s consent.
- All requests for clarifications shall be submitted to the Secretary in writing prior to the approval of the minutes from the meeting of the Board in which the comments were made. The only exception to this rule is that a person whose request for a correction is rejected by the Board may ask for a clarification to be inserted in the minutes during the meeting of the Board at which the correction was rejected.
- The Secretary shall review each requested clarification to determine its appropriateness. If the clarification is approved by the Secretary, he/she will report to the clarification to the Board for approval.
- If the Secretary determines that the clarification is inappropriate (i.e., factually inaccurate, misleading, or addressing a point of minimal significance), the member who requested the clarification shall be notified prior to the Board meeting and may ask the Board to consider addition of the clarification to the minutes.
- Clarifications approved by the Board shall be appended to the minutes in a different font and shall be marked clearly as post facto clarifications.

f. **Voting**

When a voice vote is not sufficient to determine a clear majority, the Board members’ votes will be recorded by name by the Staff Liaison to the Board. Further, **Trustees cannot delegate responsibility to govern or give a proxy vote.**

4. **Budget**

The budget for the Board is approved annually along with the budget for the rest of the organization; it includes line items for travel, meeting and office expenses, as well as contributions, dues, etc. The Board provides for limited secretarial services by setting a small amount annually in its budget.

5. **Executive Committee**

The Executive Committee, as authorized in **Bylaws Chapter (5) Five**, may act on behalf of the Association between
meetings of the Board. By resolution of the Board, the Executive Committee is authorized to act to the extent authorized in the Bylaws.

All voting members of the Board will be treated as though they were members of the Executive Committee, except for having a vote, meaning specifically that:

- All voting members of the Board receive advance notice of date, time, and call-in procedure for the Executive Committee conference calls;
- The agendas for the Executive Committee conference calls go to all voting members during the same time as they go to the Executive Committee; and
- Minutes of the Executive Committee discussions are distributed to all Board members within seven (7) days after the conference call, with the understanding that this time could be extended for minutes that require legal review and sensitivity to privilege be considered, especially to those items discussed during Executive Session. A reminder of rules and restrictions will be discussed prior to each Executive Committee conference call.

Any component chairperson may initiate a request for an Executive Committee action with the approval of the component. The chairperson of the Joint Reference Committee and the relevant council should be notified appropriately. All actions taken by the Executive Committee are reported at the next regular meeting of the Board, and are reported for information to the Assembly by the Speaker.

**Area Trustee Vacancy:** In the event of a vacancy in the position of Area Trustee, the Executive Committee of the Board of Trustees shall ask the Area Council from which there is a vacancy to submit three names of members in good standing from the Area for consideration as a replacement. The Executive Committee may also consider other members from the Area.

The Executive Committee shall solicit from each member being considered to fill the vacancy the same materials required of candidates in the preceding national election (e.g. CV, biographical statement, disclosure statement) and put forth no fewer than two names to the Board of Trustees for final consideration.

The Board of Trustees shall select one candidate to serve the remainder of the vacant Area Trustee term no later than its next scheduled meeting. The Board of Trustees shall inform the Area Council of its selection.

### 6. Duties of Officers

**a. President and President-elect**

The Bylaws 5.5, specify that “the Board, upon recommendation of the President, shall designate the chairperson and members of each standing committee and each other committee, council, commission, board or other organizational entity from among the voting members...” In December 2000, the Board delegated to the President the power to make such appointments (including task forces and ad hoc committees).

It is customary for the President to consult with the President-elect in appointments to components or on other matters affecting the long-range activities of the APA. The President and President-elect consult with the Speaker and Speaker-elect and with chairpersons of councils and appropriate components in making their decisions. The process is staffed in the Association Governance Department.

The President-elect begins making appointments to existing councils and components soon after election. These appointments are effective when his/her administration begins at the close of the next annual meeting, and continue through his/her Presidential Year. (The President makes appointments to components formed during the President’s term. Recommendations are solicited from the district branches and from the members, who are invited, via an announcement in *Psychiatric News*, to volunteer for service and to make recommendations for appointments. (The Speaker-elect of the Assembly sends a letter to the district branch presidents and members of the Assembly, asking them to do the same.)

The President may assign various duties to the President-elect that are specifically designed to familiarize him/her with the duties to be assumed as President.

See also Bylaws 4.2 and Position Descriptions, President and CEO/Medical Director, page 5 below.
b. **Secretary**
- keeps the records of the Association and performs all duties prescribed herein and those delegated by the Board (Bylaws 4.3);
- receives petitions nominating candidates (Bylaws 3.2), for referenda (Bylaws 8.4), amendments to the Bylaws (Bylaws 11.3); and for recall of elected officers or trustees and submits the recall ballot to the membership (Bylaws 4.8.b).
- works with the President to prepare the agenda for the Board’s meetings.
- certifies the minutes of Board meetings and prepares summaries of the official actions of the Board for yearly presentation at the Annual Business Meeting and for publication in the *American Journal of Psychiatry*;
- certifies the editions of the Bylaws;
- reviews disclosures of potential conflicts of interests (See Appendix M, “Component Appointment Form” and Appendix S-1 & S-2, Disclosure of Interests and Affiliations” of this manual.)
- serves as the chairperson of the Conflict of Interest Committee.

In practice, most of the work of the Secretary is performed by the staff of APA Central Office and records are permanently stored there. Staff support to the Secretary for Board matters is provided by the Staff Liaison to the Board. The CEO/Medical Director has been designated as Assistant to the Secretary to sign routine administrative documents and other documents when directed by the Secretary.

For ethical matters, staff support for the Ethics Committee and the Ethics Appeals Board is provided by the Director, Office of Ethics and District Branch/State Association Relations.

c. **Treasurer**
Only the President, the Treasurer, the CEO/Medical Director, the Chief Financial Officer, and the CEO/Medical Director’s designee are authorized to disburse funds of the Association. No funds are disbursed except on receipt of a voucher statement that makes clear who incurred the obligation, for what purpose and to what account it is to be charged. The Treasurer, by reason of office, is a voting member of the Budget Committee.

The Treasurer should have first-hand knowledge of the working of the APA and its organizational structure in order to fully understand the flow of business. He/she must have knowledge of the budget and all aspects of the Association's financial operations. It is desirable that he/she possess some knowledge of financial investments.

Other duties of the Treasurer or his/her authorized agents, as outlined in part in the Bylaws, include:
- receives, disburses, accounts for and manages all monies of the Association under the general direction of the Board (Bylaws 4.4);
- submits a financial statement each year to the Board and to the Assembly at the Annual Meeting (Bylaws 4.4);
- submits a financial statement to the auditors;
- deposits monies received in a bank or other depository selected by the Board;
- sends out annual dues bills and notifies members who are in arrears;
- participates with the Finance and Budget Committee in preparing the Association's budget;
- is responsible for investment of Association funds with the help of an Asset Management Advisory Committee and the CEO/Medical Director.

In practice, the work of collection, disbursement and accounting for APA funds is performed by the staff of the Finance Department under the general supervision of the Chief Financial Officer. The Department keeps the accounts, prepares a monthly and annual summary of expenses and income. It is the Treasurer’s practice to review these financial statements. Expenditures from the account claimed for reimbursement must be supported by adequate documentation.

7. **Position Descriptions of the President and CEO/Medical Director**

a. **President and Chair of the Board of Trustees**
The role of the President includes serving as the Chair of the Board and performing all duties incidental to that office, including assuring that the Board fulfills its responsibilities for the governance of the Association. The President also provides leadership for the Board as it sets the priorities of the Association, and as it implements policies that advance those priorities.
Scope of Responsibility

- Serves as an officer of the Board of Trustees and is elected by the membership. Serves as the chair of the Board and provides overall leadership to the Association.
- Works with the Board to set priorities for the Association and with the Board and the CEO/Medical Director to formulate policy and develop initiatives to advance those priorities.
- Conducts the business of the Association in accordance with the Bylaws of the Association.
- Carries out the orders and resolutions of the Board and membership. Assures that the Board fulfills its responsibilities for governance of the Association.
- Ensures that the official business of the Association is conducted in an appropriate, efficient, effective and legal manner.
- Calls all meetings of the Board and presides at each meeting.
- Oversees the annual performance review process of the Chief Executive Officer.
- Serves as the Chair of the Executive Committee of the Board.
- Serves as the chief spokesperson for the Association.
- Works to optimize the relationship between the Board and management.
- Appoints chairs and members of all components.
- Assigns the responsibility for preparation of the annual budget for Board approval to the Finance and Budget Committee.
- Serves on designated components.

b. Chief Executive Officer/Medical Director

The CEO/Medical Director is responsible for the day-to-day operations of the Association and reports directly to the Board of Trustees. It is the CEO/Medical Director’s responsibility to implement Board decisions and initiatives, carry out the strategic plans and policies as established by the Board and with the assistance of executive staff, maintain the smooth operation of the Association.

Scope of Responsibility

- Hired by the Board and under its broad, general authority manages the operations and directs the business of the Association.
- Participates in the formulation of all policies and programs of the Association. Serves as official staff liaison to the Board and works with it to implement the strategic goals and objectives of the Association. Assists the Board in the development of policies and strategic direction for the Association.
- Provides direction and leadership toward the achievement of the Association’s mission, strategy, and its annual goals and objectives.
- Works with APA officers to facilitate the implementation of their responsibilities and obligations. Advises the President in designing initiatives and responses to requests and emerging needs.
- Implements actions of the Board of Trustees, coordinates activities of multiple components, and assures that recommendations are transmitted to the Board, Assembly and Joint Reference Committee for consideration.
- Responsible to the Board for the full range of activities; organizational structure and procedures; income and expenditures; membership; employment, training and supervision of staff; interpretation of policy; facility management; long range planning, including collaborative work with other groups, legislative functions and acting as a resource to the community-at-large.
- Serves as spokesperson for established APA policy.
- Recommends yearly budget for Board approval and prudently manages the association’s resources within those budget guidelines and consistent with current laws and regulations.
- Serves on designated components to assist in facilitating the work of the Association.

8. Related Components

The Board is assisted by components that report directly to it, such as the standing committees on ethics, membership, nominating, bylaws, budget, tellers and elections. A key coordinating standing committee is the Joint Reference Committee. The Board may also establish ad hoc committees, work groups, or task forces to assist in making recommendations for action by the Board. (See also Chapter Two of the Operations manual, "Component Structure of the Association.")
The Assembly represents and serves the needs of the district branches/state associations and is a deliberative body which recommends action to the Board of Trustees. It may discuss any matters brought to it by members, chapters, district branches, Area Councils, task forces or committees of the Assembly, or referred to it by the Board or the Joint Reference Committee and make recommendations for policy action to the Board. To assure diversity of thoughts and ideas, the members of the Assembly are selected regionally and by special groups identified by the Assembly. Authority: Bylaws Chapter Six establishes the Assembly of the Association, the district branches, the Areas, and the Officers of the Assembly, and stipulates that the Assembly shall govern itself by its Procedural Code in a manner consistent with the Articles of Incorporation and Bylaws of the Association. The "Procedural Code of the Assembly" can be found in Appendix C of the Operations Manual.

1. Composition

<table>
<thead>
<tr>
<th>Officers:</th>
<th>Members:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Speaker</td>
<td>• Two (2) voting past Speakers</td>
</tr>
<tr>
<td>• Speaker-elect</td>
<td>• Representatives from the District Branches</td>
</tr>
<tr>
<td>• Recorder</td>
<td>• Seven (7) Area representatives</td>
</tr>
<tr>
<td></td>
<td>• Seven (7) Area deputy representatives</td>
</tr>
<tr>
<td></td>
<td>• Seven (7) Resident-Fellow Member Area</td>
</tr>
<tr>
<td></td>
<td>representatives</td>
</tr>
<tr>
<td></td>
<td>• Seven (7) Resident-Fellow Member Area</td>
</tr>
<tr>
<td></td>
<td>deputy representatives</td>
</tr>
<tr>
<td></td>
<td>• Seven (7) Minority representatives</td>
</tr>
<tr>
<td></td>
<td>• Seven (7) Minority deputy representatives</td>
</tr>
<tr>
<td></td>
<td>• Seven (7) Early Career Psychiatrists Area</td>
</tr>
<tr>
<td></td>
<td>Representatives</td>
</tr>
<tr>
<td></td>
<td>• Seven (7) Early Career Psychiatrists Area</td>
</tr>
<tr>
<td></td>
<td>Deputy Representatives</td>
</tr>
<tr>
<td></td>
<td>• One (1) Parliamentarian</td>
</tr>
<tr>
<td></td>
<td>• Allied Organization Liaisons</td>
</tr>
<tr>
<td></td>
<td>• Two (2) non-voting Minority Fellows</td>
</tr>
</tbody>
</table>

All members except the deputy representatives and minority fellows are authorized to vote (deputies may vote if the representative is not present). See Appendix C of the Operations Manual for details, including votes by strength.

2. Assembly Executive Committee (AEC)

The Speaker, Speaker-elect, Recorder, the two immediate past Speakers, 14 Area representatives and deputies, the chairs of the Committee on Minority and Underrepresented Groups (with vote), the Committee of Area RFM Representatives (with vote), the Committee of Area ECP representatives (with vote), the Committee of Allied Organization Liaisons (with vote), the Parliamentarian, and the CEO/Medical Director.

3. Meetings

a. Number of Meetings

The Assembly customarily meets twice a year (during the APA annual meeting in May and in November). The AEC meets in conjunction with the two meetings of the Assembly each year, as well as up to two other times apart from the Assembly meetings (e.g., during fall component meetings and mid-winter if necessary). Between meetings of the Assembly, the AEC acts for the Assembly except for policy issues unless executive action is needed. Additional meetings of the Assembly and AEC may be held whenever the business of the Assembly requires it. The Speaker is the presiding officer.

b. Agenda/Minutes

The Recorder is responsible for the call to the meetings of the Assembly and its AEC and for the minutes of the meetings.

c. Consent Calendar

The Assembly and its AEC employ a Consent Calendar to facilitate handling routine, non-controversial or
administrative matters. The Consent Calendar is distributed at the meeting and a vote is taken after members have had time to review it. Any member may request the removal of an item for any reason.

d. Parliamentary Procedure
   *The Standard Code of Parliamentary Procedure* by Alice Sturgis (current edition), and special Rules of the Assembly are followed.

e. Attendance
   The President, President-elect, Secretary, and Treasurer are customarily invited, as well as the chairpersons of the APA councils. The CEO/Medical Director, the Director of the Department of Association Governance, the Staff Liaison to the Assembly, and the liaisons assigned to the seven Area Councils are expected to attend. Legal counsel is often present.

   Meetings of the Assembly are open to the membership. The Assembly rarely goes into executive session because of its size; the AEC occasionally does.

4. Staff Support
   Primary staff support for the Assembly is provided by the Staff Liaison to the Assembly in the Department of Association Governance. The CEO/Medical Director appoints a staff liaison to each of the seven Area Councils.

5. Executive Committee
   The Speaker is a member of the Executive Committee. These actions are presented to the Assembly for information.

6. Budget
   The Assembly Executive Committee reviews the budget of the Assembly, in coordination with APA staff, and makes decisions as needed during the fiscal year to assist in managing resources.

7. Assembly Components
   The Assembly has several standing committees (nominating, planning, procedures, public and community psychiatry, rules, minority/underrepresented groups, area member-in-training representatives, area early career psychiatrists, allied organization liaisons) and establishes and terminates task forces as needed. The chair and members of Assembly components are either appointed annually by the Speaker or by the Area Councils (e.g., representatives to the Nominating and Rules Committees). The *Directory of Components and Staff* contains the current listing of Assembly components and their members.

8. Assembly Awards

<table>
<thead>
<tr>
<th>Assembly Profile of Courage Award</th>
<th>District Branch Best Practice Award</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ronald A. Shellow Award</td>
<td>Warren Williams Speaker Awards</td>
</tr>
<tr>
<td>William Sorum Resident-Fellow Member Award</td>
<td>William W. “Bill” Richards Rural Psychiatry Award</td>
</tr>
</tbody>
</table>
CHAPTER TWO: COMPONENT STRUCTURE OF THE ASSOCIATION

This chapter identifies the standing committees and provides information about their composition and functions. The chapter also contains generic information about the councils, boards and special components. Specific information about the charge assigned to each council is provided in Appendix D of the Operations Manual, "Councils."

A. Standing Committees

**Authority:** Bylaws 5.5 identifies the following standing committees with functions and procedures as defined in the Bylaws or by the Board. Neither these committees, nor any of their functions stipulated in the Bylaws, may be changed or abolished without amendment to the Bylaws:

<table>
<thead>
<tr>
<th>Bylaws Joint Reference</th>
<th>Elections Membership</th>
<th>Ethics Nominating</th>
<th>Finance and Budget Tellers</th>
</tr>
</thead>
</table>

1. Committee on Bylaws

**Composition:** Six (6) voting members (the President annually appoints one as chairperson)

**Appointment/Tenure:** Two (2) appointments annually; three-year terms; one additional three-year term permitted

**Functions:**
1. Maintain a continuing study of the structure of the organization;
2. Receive from the Board, or from the Secretary, proposed amendments to the Bylaws;
3. Propose amendments to the Bylaws to the Board;
4. Exercise an advisory function on meaning and interpretation of a proposal or resolution. The committee has no authority to interpret the Bylaws or to adjudicate on the constitutionality of a proposal but is often consulted by reason of its familiarity with those documents. The Board has requested the committee to continue to actively examine the Bylaws, bringing it into conformity with current practice. The Board has also adopted a policy that, whenever possible, the chair or a member of the Committee on Bylaws should be included in component discussions that might lead to changes in the Bylaws. Information regarding amendments to the Bylaws can be found in Bylaws Chapter 11 and in Appendix F-1 of the Operations Manual, “Election Procedures and Guidelines.”

**History:** Early in the Association's history, it had no Committee on Constitution and Bylaws. In 1945, a Committee on Reorganization was appointed. In 1949, it was re-designated as an Ad Hoc Committee on Constitution. In 1950, the Committee on Constitution and Bylaws became a standing committee. In 2001, as a result of the reorganization, the Committee became the Committee on Bylaws.

2. Elections Committee

**Composition:** Four (4) voting members (the President annually appoints one as chairperson). Any member accepting appointment to the Elections Committee must refrain from running for office and from active support of any candidate during his/her term on the committee. If a member wishes to run for office or to support a candidate, he/she must resign from the committee.

**Appointment/Tenure:** Number of appointments varies annually (two one year, one others); three-year terms; one additional three-year term permitted

**Functions:** Establish (with Board approval) procedures for equitable voting of the membership.
1. Inquiries about possible violations from the campaign guidelines (See Appendix F-2, “APA Election Guidelines,” of this manual) can be made verbally or in writing by an identifiable APA member to the chairperson of the Elections Committee or the staff liaison. The committee may investigate any potential violation of which it becomes aware, with or without a complaint. The committee makes inquiries, notifies relevant parties, contacts the candidate and/or supporter for more information, and gives the candidate/supporter opportunity to respond to the alleged violation.
2. The committee reports to the Board and, if appropriate, recommends Board action. The Elections Committee,
with Board approval, reports in *Psychiatric News*, on an annual basis, a summary of violations of the campaign guidelines.

(3) The Elections Committee makes no official referrals to the Ethics Committee, but any member may file a complaint of unethical conduct. The *Principles of Medical Ethics with Annotations Especially Applicable to Psychiatry* refer almost exclusively to a physician’s ethical conduct vis-a-vis patients. However, Section Two might apply to a violation of the campaign guidelines: “A physician shall deal honestly with patients and colleagues, and strive to expose those physicians deficient in character or competence, or who engage in fraud or deception.” If a complaint about a campaign violation is filed with the Ethics Committee, the usual procedures for investigating complaints of unethical conduct shall be followed.

3. Ethics Committee

**Composition:** Six voting members, at least one of whom is an APA Past President. The President appoints the chairperson annually from among the six voting members of the committee. It has also become customary to appoint additional consultants to help with the work of the committee and Minority Fellows are also selected annually to participate on the committee.

**Appointment/Tenure:** In making recommendations to the President concerning appointments, the Ethics Committee has attempted to recommend members who have served either as chairperson or a member of a district branch ethics committee. Two appointments annually with three-year terms; one additional three-year term permitted.

**Functions:**

(1) Ensure that ethical complaints are handled in accordance with the *Bylaws Chapter 7* and with *The Principles of Medical Ethics With Annotations Especially Applicable to Psychiatry* (also see Appendix E of this manual, "Boards and Special Components");

(2) Draft "Procedures for Handling Complaints of Unethical Conduct" and present for approval to the Assembly and to the Board of Trustees;

(3) Draft annotations to update *The Principles of Medical Ethics With Annotations Especially Applicable to Psychiatry* and present for approval to the Assembly and to the Board of Trustees;

(4) Respond to members’ inquiries about ethical issues and publish as *The Opinions of the Ethics Committee on The Principles of Medical Ethics With Annotations Especially Applicable to Psychiatry*;

(5) Publish An *Ethics Primer*;

(6) Maintain contact with the "ethics network", i.e., the chairpersons of district branch ethics committees by means of mailings, meetings, workshops; and

(7) Work with appropriate components to develop educational materials.

(8) Administers Carol Davis Ethics Award for the best District Branch newsletter article on ethics.

The *Principles* and the *Opinions* are available on the APA website.

4. Finance and Budget

**Composition:**

| Voting members: | Chairperson appointed annually by President-elect, with consultation from Speaker and CEO/Medical Director. Maximum of six (6) consecutive one-year terms. The Chairperson shall be chosen from among the membership of the Committee. |
| Non-voting member: | One (1) consultant, as appropriate, with a one-year term |
| Ex-officio participants (non-voting): | President |
| | Treasurer |
| | CEO/Medical Director |

**Appointment/Tenure:** Experience in fiscal and administrative matters is considered in the selection of members and
consultants. Members will be appointed for two year terms in alternating years, thus staggering the tenures.

**Charge:** The Finance and Budget Committee of the APA (c)(6) is responsible for setting finance and budget policies for all entities (APA and APAF). The mission of the Finance and Budget Committee is to assist the Board of Trustees in development of fiscal policies and the conduct of financial operations in a manner that helps the Board to fulfill its fiduciary responsibilities, to maintain business operations in accordance with generally accepted practices, and to implement the strategic priorities of the Association. It assists the Board in development of a financial plan and helps ensure that ongoing operations are consistent with that financial plan, as well as the overall business plan, of the Association. The committee regularly reviews actual financial results and reports to the Board of Trustees as to the fiscal status of the Association. It recommends annual operating, capital and development budgets to the Board and major adjustments thereof as may be indicated throughout the year. The committee focuses on the long term and short term financial strength, needs, opportunities, and problems of the Association. It also oversees and reports to the Board of Trustees relative to the activities of the other components within the APA’s financial governance structure. It makes recommendations to the Board concerning the charges, areas of responsibility and composition of these financial components. See Appendix E for descriptions of components that report to the Finance and Budget Committee.

**History:** The Budget Committee was a standing committee until March 1998, when the Board of Trustees approved a reorganization of the financial committee structure of the Association into a unified structure for financial and budgetary matters, headed by a single Finance and Budget Committee reporting to the Board of Trustees. The Budget Committee reported to the Finance and Budget Committee. In May 2006, Bylaws amendments were approved by the Board and ratified by the Assembly to rename the “Budget Committee” the “Finance and Budget Committee” and have only one committee with the composition, tenure, and functions as previously defined for the Finance and Budget Committee. See also Chapter Two, “Component Structure of the Association,” and Chapter Four, “The Association’s Finances,” of the Operations Manual.

### 5. Joint Reference Committee (JRC)

#### Composition

<table>
<thead>
<tr>
<th>Voting members:</th>
</tr>
</thead>
<tbody>
<tr>
<td>President-elect (Chairperson)</td>
</tr>
<tr>
<td>Speaker-elect (Vice-Chairperson)</td>
</tr>
<tr>
<td>Secretary of the Board of Trustees</td>
</tr>
<tr>
<td>One (1) additional member of the Board of Trustees (appointed by the President)</td>
</tr>
<tr>
<td>The Assembly Recorder and Immediate Past Speaker</td>
</tr>
<tr>
<td>CEO/Medical Director</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ex-Officio members (nonvoting):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chairpersons of the Councils by conference call</td>
</tr>
<tr>
<td>One APAF Leadership Fellow as Observer will attend JRC meetings in person. The Fellow will hold this position in addition to their assignment to a council. Should multiple fellows desire this assignment, their CVs will be sent to the JRC for consideration and the JRC will make the final determination.</td>
</tr>
</tbody>
</table>

#### Functions

1. Hold accountable, monitor, and evaluate the functioning of components with reports from the councils to the JRC and from the JRC to the Board of Trustees.
2. Serve as a clearinghouse of items between the Board and/or Assembly and the councils. At the specific request of the Assembly Executive Committee, the JRC may rarely refer items directly from the Assembly to the Board. All items that are referred to the JRC are tracked to monitor where issues are in the governance process. The word “item” includes action papers, position statements, and resource documents.
3. Refer items to the appropriate council or component for review and action as determined by the JRC. Items may also be referred to the Assembly, district branches and/or area councils for review and action as determined by the JRC with a report back to the JRC. With each referral or assignment, reports and updates will be required by a time certain. Wherever possible, individuals responsible for the work will be specified.
4. Mediate and resolve problems arising between councils.
5. Authorize the disbursement of funds from the JRC Component Fund to councils to support meetings of committees without budgets for in-person meetings, to support new programs, or to supplement ongoing ones.
Requests for monies from this fund are prioritized and voted on during meetings of the JRC; if necessary voting may occur via email or conference call.

(6) Receive position statements that have been developed by a council and refer them back to the same council or other councils for further review or revision or make recommendations to the Board and Assembly for review and adoption.

(7) Receive reports by councils that do not involve policy without additional referral to the Board and/or Assembly (as councils have authority to operate within existing Association policy).

(8) Consider the merits of an item referred by a component and/or Assembly and reach a conclusion without further reference to other APA components or the Board or Assembly.

(9) Consolidate the reports of two or more councils or components with a recommendation for action to the same or other councils or the Board and/or Assembly.

(10) Define the roles of the various components when the concerns are overlapping, including deciding which component should be the lead.

(11) Review reports of award nominees from all components that administer the awards funded by the APA (not the APAF) and forward these to the Board for approval. The final responsibility for the creation and continuation of awards remains with the Board of Trustees.

6. Membership Committee

Composition: Twelve voting members (the President annually appoints one as chairperson)

Appointment/Tenure:
- 12 members with staggered three-year terms (voting)
- Varying appointments of one-year terms; may include a Corresponding Member, a DB President, DB Past-President, DB President-elect, or other APA member at the discretion of the APA President upon recommendation by Membership Committee Chair (non-voting, not term limited)
- Varying appointments of one-year terms of a DB Executive, service as a liaison with the network DB staff at large (non-voting, not term limited)
- One additional term permitted for voting members
- Diversity of committee composition necessary to carry out functions and to provide liaisons to other components. Appointments should provide for needed representation, including but not limited to:
  - Assembly representation
  - Fellows and Distinguished Fellows
  - District Branch executives
  - District Branch presidents, presidents-elect, and past presidents
  - Financial background for Member Benefits (staff consultant; 1-2 members)
  - Equitable geographic representation of membership (each Area represented)
  - Representation of diverse membership to include groups, such as medical students, RFMs, ECPs, IMGs, women, MURs, international psychiatrists, etc.

Charge: The Membership Committee has principal responsibility for membership recruitment and retention activities and reports to the Board of Trustees.

Functions:
- Each committee member serves as an informal liaison to one or more components (Board of Trustees, Assembly, ECPs, RFMs, DB execs etc.)
- Within the Membership Committee, there are several ad hoc work groups to carry out specific assignments (e.g., member benefits, recruitment, Fellowship).
- Recommend plans, procedures, and policies related to membership matters to the Board.
- Identify and develop strategic plans and materials for membership recruitment and retention; monitor implementation of such plans; evaluate the outcomes.
- Work with district branches on membership programs and activities of mutual interest and benefit.
- Review proposed new APA benefits and affinity programs or other initiatives to determine their appropriateness for the APA membership: Review and evaluate existing programs; Make recommendations for implementations to the Board.
- Apply the criteria for membership contained in the Bylaws and the Operations Manual.
- Receive applications for any class of membership or for advancement or transfer from one class of membership to another where no district branch exists.
- Receive nominations for Fellows, Distinguished Fellows and Honorary Fellows and recommend actions to the Board.
• Receive applications for International Membership and International Distinguished Fellowship and recommend actions to the Board.
• Review list of members whose dues are in arrears and recommend appropriate actions to the Board.
• Periodically review the criteria for membership categories and propose changes as appropriate to the Board.
• Monitor the dues structure for the APA and recommend changes as appropriate to the Board.
• Carry out other actions, as needed, in the interest of the membership and the organization.

7. Nominating Committee

Composition: Nine (9) voting members, one from each geographical area of the Assembly (currently seven), and a representative from Minority/Underrepresented Groups, plus one (1) additional member who serves as chairperson. Acceptance of an appointment to the APA Nominating Committee will preclude consideration for any elected APA position (e.g., APA Officer, Trustee, Area Trustee, etc.) during the committee member’s appointment tenure.

Appointment/Tenure: Each Area Council annually proposes at least three (3) candidates and the Assembly Committee of Minority and Underrepresented Groups propose at least three (3) candidates to the President-elect, who appoints the Nominating Committee from among those candidates. Area Councils and the Assembly Committee should provide these names by December 1. Appointments of the nine (9) representatives to the Nominating Committee will be for two (2) years. The seven (7) areas and MUR representatives will be appointed on a rotating, staggered basis. Areas 1, 3, 5, and 7 tenures will rotate in the even numbered years and Areas 2, 4, and 6 and MUR representatives’ tenures will rotate in odd numbered years.

Functions:
• Solicit suggestions for nominees from the district branches and from the membership via a notice in Psychiatric News inviting recommendations.
• Ask potential candidates to (1) submit a c.v. with emphasis on current professional activities; (2) sign APA’s conflict of interest statement (instead of after official nomination); and (3) disclose to the committee whether there is an ethics complaint pending against them at either the district branch or national level (all above information is held in confidence and reviewed by the Nominating Committee as its makes its final selection of candidates).
• Select at least two candidates for each of the following offices: President-elect, Secretary or Treasurer in alternate years, Trustee-at-Large, (or Early Career Psychiatrist Trustee-at-Large every 3rd year), and Resident-Fellow Member Trustee-Elect. ‡
• Secure the acceptance to serve, if elected, of each designated candidate.
• Report its nominations to the Board by November 1 for immediate dissemination to the members.

‡ Historical note: Selections reflect Bylaws amendments approved in 2003. One Vice President position was eliminated in 2004 (no Vice President nominated in 2003 or elected in 2004). The Secretary-Treasurer nominated in 2007 and elected in 2008 served as Secretary-Treasurer until 2010 at which time the Secretary-Treasurer position was disaggregated to two positions, Secretary and Treasurer. The elected Secretary served a one-year term in order to alternate with the election of the office of the Treasurer, a two-year term position. In 2009, the office of the Vice President was eliminated by the Board. The Vice President completed their final term in May 2011. In 2009 the Board eliminated one Trustee-at-Large from the Board which will occur at the end of their terms. Candidates for Area Trustees are nominated by the Area Nominating Committees, and the names of the nominees are forwarded to the Nominating Committee by September 1. Information regarding nominations for Area Trustee are found in Appendix C of this manual, "Procedural Code of the Assembly," Article II.8.C. Information regarding nominations can be found in Bylaws 3.2, 3.4, 3.5, and 4.7. The procedures for nominating candidates for Resident-Fellow Member Trustee-Elect appear in Appendix F-4 of this manual. Procedures for nominating candidates for Early Career Psychiatrist Trustee-at-Large appear in Appendix F-5 of this manual.

8. Tellers Committee

Composition: Three (3) voting members (the President annually appoints one as chairperson). Any member accepting appointment to Tellers Committee must refrain from running for office and from active support of any candidate during his/her term on the committee. If a member wishes to run for office or to support a candidate, he/she must
resign from the committee.

**Appointment/Tenure:** Three (3) appointments annually; one-year terms; additional one-year terms permitted

**Functions:**

- Approve ballots prepared by staff (committee chairperson and the CEO/Medical Director).
- Certify the date on which amendments to the Bylaws and referenda shall be effective unless another effective date is specified on the ballot.
- Review and approve procedures used by staff for processing ballots for computer vote count. The committee, usually meeting at APA headquarters, reviews all ballots on which votes have not been properly executed and determines whether such votes shall be included in the final vote count.
- Certify the accuracy of the final vote count, after which the members of the Board, officers of the Assembly and all candidates are sent the results and a fax or letter stating that these are the results the Tellers Committee will recommend to the Board for its acceptance, with the proviso that the results are not official until the Board accepts them.
- Prepare a report of the election results, which shall be made available to members upon request. At the Annual Business Meeting, the committee reports the results of the voting to the Board and the membership.

(See also Appendix F-1 of the Operations Manual, “Election Procedures and Guidelines.”)

**B. Councils and Their Components**

Components and staff of councils may interact freely with components and staff of other councils. By a majority vote of their members, components may appeal an adverse decision by their council to the Joint Reference Committee (JRC). As described in the preceding section, the Joint Reference Committee serves as the administrative, coordinating body for the councils and their subordinate components (committees, subcommittees, task forces, work groups), acting as their liaison between the Board and the Assembly. The action item approval process for actions from components to the Assembly and Board of Trustees and actions from the Assembly to the components and Board of Trustees is as follows:

- All action items and reports from the Assembly and councils must be submitted to the JRC for review, recommendations, and referral. In rare instances, the Assembly Executive Committee may specifically request that an Assembly action be sent directly to the Board of Trustees for consideration.
- Actions supported by the JRC will be forwarded to the Assembly or the Board of Trustees for approval as part of the JRC's report to those entities.
- Actions not supported by the JRC may be referred back to the appropriate council with requests for additional information or action by the component.
- Additional information or action must be returned to the JRC for review prior to being forwarded to the Assembly, Board of Trustees, or appropriate component for further action.
- Review and referral of action items need not wait until formal JRC meetings.
- The JRC may meet by conference call, if necessary, to review action items, identifying those that may be immediately referred to the appropriate entities and those actions can be placed on the agenda of the next formal JRC meeting.

**Authority:** Bylaws 5.5 states that the Board “shall establish or eliminate such other committees, councils, commissions, boards and special other special organizational entities as may be necessary to implement the objectives of the Association.” The section that follows contains generic descriptions of councils and their components; a full listing of components by name and charge is found in Appendix D of the Operations Manual, “Councils.” All components are subject to budgetary guidelines included in the generic descriptions. (See also Appendix W-1, “Component Budget Policy” of this manual.)
1. **Councils**

<table>
<thead>
<tr>
<th>Addiction Psychiatry</th>
<th>Medical Education and Lifelong Learning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advocacy and Government Relations</td>
<td>Minority Mental Health and Health Disparities</td>
</tr>
<tr>
<td>Children, Adolescents, and Their Families</td>
<td>Psychiatry and Law</td>
</tr>
<tr>
<td>Communications</td>
<td>Psychosomatic Medicine</td>
</tr>
<tr>
<td>Geriatric Psychiatry</td>
<td>Quality Care</td>
</tr>
<tr>
<td>Health Care Systems and Financing</td>
<td>Research</td>
</tr>
<tr>
<td>International Psychiatry</td>
<td></td>
</tr>
</tbody>
</table>

**Definition:** (1) Administrative links between their reporting components and the Joint Reference Committee; (2) Authorized to create and eliminate informal work groups; (3) Authorized to act, subject to the approval of the Board, within its area of interest to implement the objectives of the Association.

**Standard Composition:** (1) Up to twelve voting members (including the Chairperson) with vote on council actions (one member of the Council must be an ECP; one member of the Council must be an Assembly member appointed by the President from a slate of nominees identified by the Assembly Officers); (2) corresponding members, without vote on council actions, may be appointed at the discretion of the President; (3) Appointments/End Tenures will be staggered to ensure continuity on the Council; (4) Up to two consultants may be appointed as needed, but only in rare instances; (5) Where applicable, a current member of a Council may be identified as a liaison to a subspecialty organization.

**Fellowship Program Participants on Councils:** (1) One Fellow assigned to the Council will have voting privileges on the Council for the tenure of his/her assignment as a Fellow to the Council; (2) This individual will be chosen from amongst those fellows assigned to the Council, by the fellows themselves.

**Appointment/Tenure:**

<table>
<thead>
<tr>
<th>Role</th>
<th>Details</th>
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</table>
| **Chairperson**       | • Appointed to a two (2) year term as chairperson (individual must be a Member of the council).  
                        | • The Chairperson will be eligible for one (1) additional two (2) year term for a total of four (4) years of service as Chairperson. |
| **Vice Chairperson**  | • Appointed to a one (1) year term as vice chairperson (individual must be a Member of the council).  
                        | • The Vice Chairperson will be eligible for four (4) additional one (1) year terms for a total of four (4) years of service as Vice Chairperson. |
| **Member**            | • Three (3) year terms.  
                        | • Eligible for up to two reappointments of three-year terms for a total tenure not to exceed nine (9) years.  
                        | • A total of three (3) years must pass, after the individual has reached the nine (9) year tenure limit, before the individual may again be appointed to the component as member or consultant. |
| **Corresponding members** | • One (1) year appointments if appointed.  
                        | • Tenure shall not exceed a total of three (3) contiguous years of service on the Council.  
                        | • One year must pass before a corresponding member with three (3) years contiguous service may be reappointed to the Council as corresponding member.  
                        | • Corresponding members may be appointed to the Council as members after serving three (3) years or less as corresponding members. |
CHAPTER TWO: COMPONENT STRUCTURE OF THE ASSOCIATION

Consultants:
- One (1) year appointment, if appointed.
- Tenure shall not exceed a total of three (3) contiguous years of service on the Council.
- One year must pass before a consultant with three (3) years contiguous service may be reappointed to the Council as consultants.
- Consultants may be appointed to the Council as members after serving three (3) years or less as consultants.

Budget/Conduct of Business: (1) One in-person meeting each year (Fall Components Meeting) and one meeting at the APA Annual Meeting (at no cost to APA other than staff time and meeting room); (2) Electronic Meeting Budget [Video/web conferencing; conference calling]; (3) Mailing budget

2. Committees

Definition: Established within a council to perform ongoing functions (as opposed to time- and task-limited). Council reassesses the need for a committee every three (3) years.

Composition:
- (1) Up to six (6) voting members with vote on committee actions;
- (2) Up to two (2) consultants may be appointed as needed, but only in rare instances.

Appointment/Tenure:
- No corresponding members may be appointed as committees are corresponding in nature.

<table>
<thead>
<tr>
<th>Chairperson:</th>
<th>Appointed annually</th>
</tr>
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<tbody>
<tr>
<td>Member:</td>
<td></td>
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<tr>
<td></td>
<td>Two appointments annually (insofar as possible)</td>
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<tr>
<td></td>
<td>Three-year terms</td>
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<td></td>
<td>One additional three-year term permitted (if the number of years to be served does not exceed six)</td>
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<tr>
<td></td>
<td>Six years of membership on a committee makes one ineligible for reappointment to the same committee until two years have passed</td>
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<tr>
<th>Consultants:</th>
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<tbody>
<tr>
<td></td>
<td>One (1) year appointment, if appointed</td>
</tr>
<tr>
<td></td>
<td>Tenure shall not exceed a total of three (3) contiguous years of service on the Committee</td>
</tr>
<tr>
<td></td>
<td>One (1) year must pass before a consultant with three (3) years contiguous service may be reappointed to the Committee as a consultant</td>
</tr>
<tr>
<td></td>
<td>Consultants may be appointed to the Committee as members after serving three (3) years or less as consultants</td>
</tr>
</tbody>
</table>

Budget/Conduct of Business:
- (1) No in-person meetings except in extraordinary circumstances and only with prior approval of Council and JRC;
- (2) May meet at Annual Meeting or Institute on Psychiatric Services at no cost to APA (other than staff time and meeting room);
- (3) Electronic Meeting Budget [Video/web conferencing; conference calling];
- (4) Mailing budget

3. Task Forces

Definition: Established by approval of the Board of Trustees, to carry out a specific, time-limited task, on recommendation of council chair to JRC (and Board) that includes charge and time frame for completion. A task force is to provide progress reports to council so that the council can assess need for continuing a task force, annually, in light of progress that has made with the task assigned. The task force is discharged upon submission of a final report, on recommendation of council to JRC (and Board). Products from task force must go through usual APA approval process. Task Forces are assigned to report to a council.

Composition:
- Up to four members, including the chair, with vote on task force actions

Appointment/Tenure:
- (1) Expertise requisite for fulfilling the specific charge of the task force considered in the selection of members;
- (2) Tenure for the duration of the task assigned (membership customarily remains the same for the life of the component unless there are reasons to replace or add members);
- (3) Chairperson appointed for duration of the task;
- (4) Task forces may be renewed once by the Board only for an additional year of operation under very special circumstances

Budget/Conduct of Business:
- (1) No in-person meetings without prior approval of council and JRC;
- (2) May meet at Annual Meeting or Institute on Psychiatric Services at no cost to APA (other than staff time and meeting room);
- (3) Electronic Meeting Budget [Video/web conferencing; conference calling];
- (4) Mailing budget;
- (5) All task force reports shall be returned to an appropriate APA Component for review no less than once every 5 years;
- (6) The review process
for task force reports shall be consistent with the procedures utilized for the review of APA Position Statements.

4. Caucuses

**Definition:** A group of self-selected special interest psychiatrists, formed at no or low cost to APA, for whom there is no other vehicle or subspecialty organization already relating to the APA. To form a caucus, a minimum of ten (10) APA members must indicate their interest (in writing) in joining. Recommendations for caucuses are reviewed by 1) the JRC, 2) the council to which it would be assigned or the Assembly Executive Committee if assigned to the Assembly, and 3) the Board of Trustees. To maintain a caucus, a minimum of 25 members must register for the caucus bulletin board or list serve by the end of the first two years. Once minimum is met, the caucus can request a list serve be established at APA expense ($500-$600) for use of the caucus. List serve is open to any APA member who is also a member of the caucus.

**Composition and Appointment/Tenure:** Self-selecting

**Budget/Conduct of Business:** (1) Once minimum is met, the caucus can request a list serve be established at APA expense ($500-$600) for use of the caucus; (2) Staff support minimal to nonexistent; (3) May meet at Annual Meeting and/or Institute on Psychiatric Services at no cost to APA; (4) Councils are encouraged to review and identify need for identical caucuses.

(See also Appendix R, A Framework for Establishment and Operation of Special Caucuses of the Operations Manual)

5. Work Groups

**Definition:** Group established within a council (usually composed of council members) to address specific projects of short duration

**Appointment/Tenure:** Assigned within a council by the council chair; tenure for duration of project.

**Budget/Conduct of Business:** No cost to APA; members meet electronically or by phone

6. Ad Hoc Work Groups

**Definition:** Created by the President, with the approval of the Board, to study specific, and usually time-limited, issues of immediate concern. Ad hoc work groups of the Board terminate automatically at the May meeting of the Board unless specifically continued (may be terminated earlier if task is completed). Joint ad hoc work groups are comprised of representatives from the Assembly and the Board.

**Composition:** Number of members is dependent upon the individual project

**Appointment/Tenure:** By the President for Board ad hoc work groups; the President in concert with the Speaker of the Assembly for joint ad hoc work groups (including the Chairperson)

7. Boards

The component that is designated as a board is the editorial advisory board.
Duties and Responsibilities of a Council Chairperson

• Administers the affairs of the Council and its components, according to APA policy, in a fiscally responsible manner.
• Participates in the deliberations of the Joint Reference Committee at the invitation of the JRC chairperson to represent the Council as a non-voting member. If unable to attend, designates the Vice-chairperson or another member of the Council to attend (again, at invitation of JRC chairperson).
• Schedules meetings of Council, ensures that the agenda includes matters referred to the Council and/or components, and chairs the meeting.
• Reports on activities of Council to the Joint Reference Committee and to other components where appropriate. Presents items and issues requiring action to the JRC together with the recommendation of Council. Includes pertinent information items in the report.
• Ensures that minutes of meetings and records of other activities of Council between meetings are kept.
• Monitors the budget of Council and its components.
• Prepares a budget for the fiscal year.
• In concert with Council, makes recommendations to the Joint Reference Committee and the Board concerning establishment of committees, task forces, or caucuses, or concerning termination if the need to proceed with work no longer exists or progress with a particular task is not proceeding.
• In concert with Council, informs subcomponents of charge, time limitations if any, and budget allocations.
• Receives and acts on reports and recommendations of subordinate components in collaboration with other members of Council.
• Ensures that actions and information items for the Joint Reference Committee and Assembly are prepared in time to be included in the backup for the meetings.
• Directs the staff support provided by the staff liaison to the Council.
• Collaborates with the Board and Assembly liaisons and assigned American Psychiatric Association Foundation Leadership, APAF Public Psychiatry, and SAMHSA Minority or APAF Diversity Leadership Fellows in all matters pertaining to their respective functions.
• Ensures that all components understand that reports that are developed by them under the auspices of the APA are the property of the Association and must be approved for publication or released by the Board of Trustees for publication elsewhere.
• Ensures that all components understand that approval to seek outside funding must be approved by the Board of Trustees.
• Meets with the President-elect and Speaker-elect to discuss appointments to the Council and its components.
CHAPTER THREE: COMPONENT MEMBERSHIP AND OPERATING PROCEDURES

A. Component Membership

Authority: Bylaws 5.5 states that “the Board, upon recommendation of the President, shall designate the chairperson and members of each standing committee and each other committee, council, commission, board, or other organizational entity from among the voting members…” In December 2000, the Board delegated to the President the power to make such appointments (including task forces and ad hoc committees).

1. Appointments

When the President-elect becomes President at the close of the annual meeting, those appointed begin their tenures on components. The appointment process begins in the year preceding an individual’s presidency and continues, as required, throughout the term as President.

From time to time, the President-elect, in assessing how to best serve the Association, may recommend that a member’s tenure on a component be waived so that the member can serve an additional year or term. Tenure waivers should be kept to a minimum (3-5) and brought to the Board of Trustees for approval in March of each year.

Members of components are expected to attend meetings (both in-person and by conference call) and to participate actively in the work of the component. This includes responding to requests, initiating action, reviewing materials, preparing reports, and completing tasks within the time allotted. If a component member misses two consecutive meetings (including conference calls), the component chair contacts the President who may ask the member to resign from that component unless extenuating circumstances prevent his/her participation. A mechanism will be established and implemented for annual evaluation of component members’ performance and those members whose participation is less than optimal will be replaced.

2. Recommendations for Appointments

Recommendations for appointments to components are solicited and gathered from a variety of sources. APA members may self-nominate or nominate colleagues for service on components. The Board of Trustees, Assembly and Component Chairpersons, APA Caucuses, Psychiatric Subspecialty Organizations and the APA Chief Executive Officer are some of the sources from which appointment recommendations are derived. Outlined below is a timeline and process for gathering the appointment recommendations together to facilitate the President-elect’s work.

• All APA members in good standing are eligible to serve on APA components. Nominations for appointments may be sent to: APA President-elect: c/o Appointments Coordinator
  American Psychiatric Association,
  1000 Wilson Boulevard Ste 1825
  Arlington VA 22209

• All nominations for appointments should include the name of the individual, the reason s/he is appropriate for an appointment, the name of the component(s) for which the individual is recommended and a biosketch of the individual.

• The President-elect will seek appointment recommendations from the leaders of the APA councils, committees, and caucuses and the Assembly to ensure that those who serve on APA components represent the talents and diversity of the APA membership.

• Due to the volume of nominations, notifications are not sent to those who do not receive appointments.

• Information about eligibility to serve and tenure limits may be found within this APA Operations Manual.

• Charges to each APA component are contained in Appendix D and may be useful to members as they identify components where their experience and knowledge may be most useful.

3. Appointment Letter and Disclosure of Conflicts

Receipt of an appointment letter to a component indicates that the President-elect has appointed an individual to a component. The appointment is not final until the individual has completed, signed, and returned the component acceptance form and a disclosure of interests form. Failure to return the documents promptly may result in forfeiture of the appointment.

4. Approximate Appointment Timeline
During the Month of August

- Recommendations are prepared by the staff liaisons and distributed to all component chairpersons.
- Announcement soliciting appointment recommendations submitted to Psychiatric News.
- Component chairpersons work with staff liaisons to complete the recommendations and forward to their council chairpersons. Council chairpersons work with staff liaisons to finalize the recommendations for the council.
- Council chairpersons are contacted by the Appointments Coordinator to schedule meetings with the President-elect during the September Components Meeting.

September 1st

**RECOMMENDATIONS COMPLETE:** Recommendations prepared for the Council chairpersons for the September Component Meetings with the President-elect.

September Components Meetings:

Council chairpersons and staff liaisons to the councils will meet with the President-elect to discuss appointment recommendations for the councils and the committees which report to the councils. Copies of the recommendations must be presented at this meeting. The Appointments Coordinator will be in contact with the council chairpersons to schedule these meetings during August.

September/December:

Recommendations for appointments from all sources are processed and decisions made by the President-elect.

November 15th:

**Deadline for Nominations** from APA members for appointments

January/February:

Appointments are processed.

February/March:

Appointment letters are sent to appointees.

March/April:

Appointment acceptances and declines are received and processed.

3. Eligibility for Positions on Components

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<thead>
<tr>
<th>Members:</th>
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<tbody>
<tr>
<td>• APA voting members.</td>
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<tr>
<td>• May vote on component actions.</td>
</tr>
<tr>
<td>• May serve as chairperson.</td>
</tr>
<tr>
<td>• Council member may serve on a council component.</td>
</tr>
<tr>
<td>• May attend meetings of their assigned component (travel and hotel funded by APA) with the exception of those held during the APA Annual Meetings.</td>
</tr>
</tbody>
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<tr>
<th>Corresponding Members:</th>
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</thead>
<tbody>
<tr>
<td>• APA voting members, International Members, or International Distinguished Fellows.</td>
</tr>
<tr>
<td>• May vote on component actions.</td>
</tr>
<tr>
<td>• May be appointed at the discretion of the President and with input from the component chair.</td>
</tr>
<tr>
<td>• May attend meetings of their assigned component(s) at their own expense.</td>
</tr>
<tr>
<td>• Receive the agenda and background material for their assigned component; phone or send written comments on issues to the chairperson or staff liaison.</td>
</tr>
<tr>
<td>• Receive minutes of the meetings of the components and are notified of follow-up actions of the JRC, Assembly, and Board of Trustees.</td>
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<tr>
<th>Consultants:</th>
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<tbody>
<tr>
<td>• APA members or non-members appointed to serve in an advisory capacity generally providing special expertise to the component.</td>
</tr>
<tr>
<td>• Appointed on recommendation of the council/component chair to the President and within the budget of the council/component.</td>
</tr>
<tr>
<td>• Appointed only in special circumstances; i.e., attorney or legal counsel to components requiring such assistance, district branch executives on DB Advisory Committee, etc.</td>
</tr>
<tr>
<td>• May not vote on component actions.</td>
</tr>
<tr>
<td>• May attend meetings of their assigned component (travel and hotel funded by APA) with the exception of those held during the APA Annual Meetings.</td>
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<tr>
<th>Fellows in Fellowships:</th>
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<tbody>
<tr>
<td>• Fellows (APA Public Psychiatry, APAF Leadership, SAMHSA Minority and Diversity Leadership) are assigned to components but are not included in the limits of numbers of members on components (see Chapter Two of this manual, “Component Structure of the Association”)</td>
</tr>
<tr>
<td>• Fellows’ involvement in the component is funded by the fellowship.</td>
</tr>
</tbody>
</table>
4. **Conflict of Interest Policy**

The APA has adopted a conflict of interest policy and procedures to implement it in order to ensure the integrity of its official policies and positions, publications, and other services of the Association. The conflict of interest policy applies to officers, members of the Board of Trustees, the Assembly and members appointed to components. The policy is not designed or intended to prevent or limit the participation of particular members. In almost all circumstances, complete disclosure of potentially competing interests and/or apparent conflicts will suffice. See “APA Financial Statement, Disclosure of Affiliations and Conflicts of Interests” Appendix S.

### B. Component Operating Procedures

1. **Records and Files**

   The role of staff liaisons is to facilitate the work of components. Chairpersons of components may call on Central Office staff to prepare agendas and secure background material necessary for the operation of their component. APA headquarters serves as the repository for the permanent storage of documents and records. Copies of all correspondence should be sent to APA headquarters in order that records may be complete. Any additional records kept by chairpersons of components must be transferred to the new chairpersons or to the APA.

2. **Reports of Components**

   All work, reports, and products developed by an APA component are the property of the Association and may not be published elsewhere unless authorized by the Board of Trustees. Members of and consultants to APA components sign a form at the time they accept their appointment acknowledging that work produced as a member of an APA component is the property of the APA (See sample acceptance form, Appendix M of this manual). If the report includes a position statement by the APA, both the Assembly and the Board of Trustees must approve it. If one or more members disagree with the majority, and if these differences are irreconcilable, minority reports are possible, though seldom issued.

   All components are encouraged to consider ideas for publications and may or may not be involved in the writing of the manuscript. Proposals for publications should be submitted to their councils for review as to potential policy implications and general soundness of the proposal; with the concurrence of the governing council, a component may submit proposals for non-policy publications directly to APA Publishing. Components are not always required to produce a document for publication as part of their charge; sometimes the report they produce is intended for the guidance of the governing bodies or for the edification of a select group.

   A copy of all component reports should be sent to the appropriate council chairperson and staff liaison. Chairpersons or their designees may also make verbal reports to the councils enabling them to take necessary actions on recommendations and report to the next meeting of the Joint Reference Committee.

   Each council chairperson reviews component reports, prepares a summary of their activities, and sends the recommendations to the staff liaison at APA headquarters. It is the responsibility of the council chairperson to ensure that recommendations of components are acted upon by the council and, if necessary, referred to the Joint Reference Committee.

   Reports of components going to the Joint Reference Committee must reach the JRC staff liaison by the published deadline and must follow the template provided. The JRC will not consider actions unless the voting members receive them at least two weeks before the meeting (allowing committee members time for appropriate preparation). Reports received after the established date will be held over for circulation prior to the next scheduled meeting of the JRC. Exceptions may be requested for urgent matters that cannot, in the best interests of the Association, be held over for the next meeting.

3. **Procedures for Specific Documents and Reports**

   (Substantive changes to APA documents should, insofar as possible, be revised by the appropriate council or component prior to approval of the change.)

   [NOTE: In March 2006, the Board of Trustees approved a recommendation from the Joint Reference Committee to sunset the Editor-in-Chief APPI/APPI Editorial Advisory Committee or EAC, with the suggestion that the CEO/Medical
a. **Position Statements**

Position statements, developed and adopted through a well-defined process, provide the basis for statements made on behalf of the APA before government bodies and agencies and communicated to the media and the general public. The process for development, publication, and review of these documents should be standardized for cogency, consistency, and relevancy. In addition to articulating a perspective, the document submission should provide background on the issue, the arguments supporting the APA position and, when relevant, recommendations. *It should be noted, however, that the arguments supporting the position, the general background on the issue, and the recommendations (should such be included) are not considered part of the APA’s position statement and are, therefore, not considered APA policy.*

Position statements must first be approved by the Assembly and then approved by the Board of Trustees. Once approved, they are made available to the members and the public on the APA website.

The document submission should consist of **three (3) parts:** Proposed position statement; Background information on the issue; Recommendations stemming from the position statement, *if relevant.*

| Position Statement: (elements to be included in the approved APA Policy) | Each Position Statement (typically a single page) will have the following:
| --- | --- |
| | • Title (e.g. “Publication of Findings from Clinical Trials”)
| | • Issue: A brief paragraph outlining the issue and its relevance to the APA vision and mission (a brief background info and relevance to APA)
| | • APA Position: In **bold,** a concise statement of APA position. Non-emotive language should be used in crafting the statement.
| | • Authors: The component and/or members developing the position statement should be identified. These names are updated when the position statement is reviewed.
| | • Adoption Date: The date of adoption by the Assembly and the Board are included and updated as necessary.

| Context Statement: | • The background information is a detailed account of the rationale, history, and current developments addressing the importance of this position. This is a separate document
| | • Resource documents **exist apart** from position statements. **Should the subject matter of a resource document become a position statement, the resource document will be retired** and the relevant and current information from the resource document may inform the background information for the position statement.

| Recommendations: (stemming from the position statement, if relevant) | • This section is considered a separate document and not part of the public, official position statement. This section recommends specific action for the Association related to governmental bodies, or other entities, which may have jurisdiction or oversight. Information in this section should inform the action of legislative and public affairs efforts on the issue. Recommendations may also be internally focused for the APA. This section would be made available in the member’s only section of the APA website and would be linked to the position statement.

**Internal Procedures:** Legislative Fact Sheets and Talking Points developed by the Division of Communications and Public Affairs, when relevant, should be electronically attached to APA Position Statements.

**Position Statements are reviewed every five (5) years** according to the **Criteria for Evaluating Position Statements** (see below).

**Criteria for Evaluating Position Statement**
Any council reviewing a position statement for recommendation for retention, retirement, or revisions should provide a written statement (rationale) as to the reasons for their recommendation.

The following are minimum guidelines the council must use in making their decision for retention, retirement, or revision. A council may have additional reasons which should be stated in their report.

The council must first assess whether there is a need, based on the purpose of position statements (noted above), to have a position statement on the topic before them.

1. The position statement is current, relevant and should be retained
2. The topic of the current position statement is no longer relevant because of scientific developments or changes within the legislative or public environment
3. There have been changes in healthcare delivery methods or in the healthcare system which make the subject and current position statement no longer relevant
4. There have been changes in laws, legal systems, or licensures which make the current position statement no longer relevant
5. Standard psychiatric practice as reflected by APA guidelines has changed making the current position statement no longer relevant
6. Political or social trends have significantly changed making the current position statement no longer relevant
7. There have been subsequent changes in APA policy or the APA code of ethics making the current position statement irrelevant or in conflict with existing policy or practice

If the council recommends that the position statement be revised, the council (or its component) should revise the position statement and submit it to the Joint Reference Committee as an action item with a request to retire the position statement and replace it with the revision. If the council recommends that the position statement should be revised, but believes that the council (or its components) are not the appropriate review body, a recommendation for revision (with a recommendation as to the appropriate review body) should be sent to the JRC.

b. Task Force Reports

i. Description
Task force reports are formal reports from APA task forces and other components. They range from one to two page statements, to journal articles, to monographs or books, depending upon the information presented. Though the Board of Trustees approves them, task force reports are not formal APA policy/position statements. A disclaimer currently printed in task force reports reads:

*The findings, opinions, and conclusions of this report do not necessarily represent the views of the officers, trustees, all members of the task force, or all members of the American Psychiatric Association. The views expressed are those of the authors of the individual chapters. Task force reports are considered a substantive contribution of the ongoing analysis and evaluation of problems, programs, issues, and practices in a given area of concern.*

ii. Review and approval procedures
When an APA task force/work group is established, representatives identified by the CEO’s office should meet:

1) to determine the appropriate type of document/report that is to be produced (i.e., policy document, task force report, resource document, other);
2) to recommend the appropriate publication vehicle (e.g., peer-reviewed journal, the APA Official Actions section of the *American Journal of Psychiatry*, other APA publications, APA website, monograph or book);
3) to identify potential resources/costs for development, printing and distribution; and
4) to coordinate with the pertinent body (Publishing, IT, etc., regarding the eventual publication and program.
Once the appropriate document type and publication vehicle has been identified, the plan should be submitted to the JRC for review. Among the variables to be considered by the JRC in judging the proposal are the document’s originality, likely demand for the information by members or others, and the probability of recouping development costs. If the plan is approved by the JRC, the task force will develop the manuscript. Task forces whose publication plans have been rejected by the JRC may, with the support of the supervising council, appeal the decision to the Joint Reference Committee (JRC). If the JRC believes that the manuscript should be developed, it will make a recommendation to that effect to the Board of Trustees, which retains ultimate authority.

iii. Distribution
The size and format of task force reports is determined jointly by the component and the appropriate administration body. Task force reports are not limited to publication by APA. With Board of Trustees approval, reports may be published elsewhere as long as intellectual property issues are resolved and APA is given appropriate credit.

c. Resource Documents
1) Description
Resource documents are collections of information, data, and reviews of the literature developed by APA components and staff that are seen as useful and needed by APA members and by the field. They do not represent APA policy. A disclaimer currently printed in APA resource documents reads:

The findings, opinions, and conclusions of this report do not necessarily represent the views of the officers, trustees, or all members of the American Psychiatric Association. The views expressed are those of the authors of the individual chapters.

2) Review and approval procedures
Resource documents formulated by APA components or offices should be reviewed for a determination regarding whether external peer review is required. If peer review is undertaken, results should be provided to the component or office that formulated the resource document to allow for appropriate modification. If the reviewing body is satisfied that the document does not require peer review (e.g., it presents a brief summary of new government regulations) or that the document has been modified appropriately after peer review, it may forward the resource document to the Joint Reference Committee for consideration. Criteria for approval should be based on the document’s utility to APA members and to other parties.

3) Distribution
Resource documents take the form of journal articles, monographs, or books - essentially whatever form is warranted by the information and approved by the Joint Reference Committee. Resource documents are not limited to publication by APA only; they may be published elsewhere as long as the Board of Trustees gives its permission and APA is given appropriate credit.

An APA component may appeal a negative decision regarding publication to the Board of Trustees via the Joint Reference Committee; an APA office may appeal a negative decision to the Chief Executive Officer/Medical Director or his designated Administration member/office.

d. “Other” Documents
1) Description
“Other” documents include APA newsletters, brochures, fact sheets, directories, meeting programs, resource lists, research reports, news releases, model laws, etc.

2) Review and approval procedures
Developers of these documents make every effort to ensure accuracy of the information presented. APA newsletters and other miscellaneous publications undergo an annual review of their costs and impact on the target audience.

3) Distribution
Various methods are used to distribute the many documents produced by the APA. The documents reside
in many different offices.

e. **Component material**
All material developed by a component becomes the property of the APA. No APA task force or other APA component may enter into publishing agreements with outside publishers, including APPI, without permission of the APA Board of Trustees. In the event that material originating in an APA component or produced through a process that relies on APA component funds is published by any publisher other than the APA, including APPI, the APA shall receive all royalties and fees produced by the work unless the APA Board of Trustees specifically waives APA’s rights to such royalties and fees.

4. **Procedures for APA Conducted Studies and Projects**

a. **Context**
The APA as a professional and scientific organization has articulated among its principal priorities the development of new knowledge of relevance to psychiatry and the diagnosis and the care of the mentally ill. This includes the encouragement of knowledge and development of research activities by the APA itself as well as by academic institutions and other organizations.

At the same time, the APA establishes guidelines and policies on a variety of issues relevant to both psychiatrists and their patients. The development of particular policy positions is determined from multiple sources. Any particular set of research findings may have significant limitations in their applicability to a given policy issue. Therefore, it is important that the findings of any individual research study conducted by the APA not be confused with the APA’s formal policy on a given issue.

It should be made clear that research reports carry no formal or implied endorsement of the APA. The reader’s perception of the conclusions from these reports would be based solely upon the quality of the work and there should be open scrutiny of the methods and content. Most if not all of these documents would also undergo external expert peer review as part of their publication process.

The APA intends that research projects undertaken by the APA be of the highest standards of scientific quality possible. “Research” in this context includes primary data collection and analysis as well as secondary data analysis of existing data.

b. **Procedures**

1) **Consultation/Review Process**
   It is useful for plans for primary data collection activities and analyses to receive examination and consultation from relevant APA components and/or staff. The Chief Executive Officer/Medical Director or his/her designee should review all proposals for primary data collection. It is further recommended that comments and advice be sought from the Office of Research and other APA departments as appropriate. For research activities requiring outside funding, the current guidelines for seeking outside support should be followed (see Appendix H).

2) **Human Subjects Review**
   As specified in the Code of Federal Regulations (45 CFR) and to ensure the protection of APA members and participants of all APA research studies, all primary data collection activities must be reviewed and approved by the APA’s Institutional Review Board. The APA IRB has full jurisdiction to approve, revise, or reject any primary data collection activity conducted and/or sponsored by the APA. The IRB review should occur prior to submission for funding support and must be documented prior to implementation of any primary data collection effort.
A. Financial Organization and Governance Structure

1. Organization

a. Description of Affiliated Entities

The American Psychiatric Association (APA) was incorporated in 2000 as a 501(c)(6) professional association to advocate for patients and for the profession; to support education, training and career development; and to define and support professional values.

The American Psychiatric Association Foundation, (APAF), an affiliate of APA, merged with the previous American Psychiatric Press, Inc., a 501 (c)(3) organization, as of October 29, 2010. The Foundation supports APA in accomplishing its charitable, educational and scientific purposes through fundraising activities and development of public and professional activities to advance public education and research in psychiatry, psychiatric illness and related mental health subjects and to promote the treatment of psychiatric illness.

The American Psychiatric Insurance Trust (APIT) is a grantor trust established by APA in 1984, under the laws of the state of Delaware, to manage APA’s insurance program on behalf of APA’s members. APIT was previously controlled by the Board of Directors of Psychiatrist’s Purchasing Group (PPG), an affiliate of APA, to which APA irrevocably delegated the authority to direct all matters involving APIT. APIT divested itself of the insurance operations on October 12, 2000 and became a controlled affiliate of APA as part of that transaction.

The American Psychiatric Association Political Action Committee (APA PAC) was established in 2001 to raise donations and make contributions to federal candidates and committees.

b. Principles of Consolidation

Financial management policies, procedures, and practices are consolidated. Financial Statements and Budgets are reported on a consolidated basis and include the accounts of APA, APAF, APIT and APA PAC (collectively, the Association). Because they are under common control, these organizations have been consolidated as required under accounting principles generally accepted in the United States of America. Unless otherwise noted, the financial management policies, procedures, and practices described herein apply to all affiliated entities.

2. Governance

In March 1998 the Board of Trustees approved a reorganization of the financial committee structure of the Association into a unified structure for financial and budgetary matters, headed by a single Finance and Budget Committee reporting to the Board of Trustees.

a. Finance and Budget Committee

The mission of the Finance and Budget Committee is to assist the Board of Trustees in development of fiscal policies and the conduct of financial operations in a manner that helps the Board of Trustees to fulfill its fiduciary responsibilities and maintain business operations in accordance with generally accepted practices. It assists the Board of Trustees in development of a financial plan and helps ensure that ongoing operations are consistent with that financial plan, as well as the overall business plan, of the Association. The committee regularly reviews actual financial results and reports to the Board of Trustees as to the fiscal status of the Association. It recommends annual operating, capital and development budgets to the Board and major adjustments thereof as may be indicated throughout the year. The committee focuses on the long term and short term financial strength, needs, opportunities, and problems of the Association. It also oversees and reports to the Board of Trustees relative to the activities of the other components within the APA’s financial governance structure. It makes recommendations to the Board concerning the charges, areas of responsibility and composition of these financial components, which are as follows:

- Audit Committee
- Investment Oversight Committee

(See also Appendix E, “Boards and Special Components” of this manual for the specific charges to the above components).
3. Financial Relationship between Affiliated Entities

The APA Board of Trustees manages the affairs of the consolidated Association and approves the annual business plan, the operating and capital budgets, and any material changes thereto. In addition, it is responsible for entering into any material leases of real property or acquiring real property, and the sale, mortgage, pledge or other disposition of all or substantially of the assets of the Association.

Financial reports, including budgets, are prepared and presented on a consolidated basis.

Representatives from the APAF are members of the APA Audit Committee, Investment Oversight Committee, and Finance and Budget Committee.

a. Budgets

Budgets for all entities (APA, the APAF, and the APAPAC) are submitted to their individual boards, based on budget guidance and policy from the Finance and Budget Committee of the APA. The (c)(6) board incorporates the individual budgets into the overall organizational budget, works with the individual boards to make adjustments, if needed, and then establishes the approved consolidated budget for the upcoming year.

b. Service Agreements

The Service is a formal document approved by the Boards of the APA and American Psychiatric Association Foundation (APAF). The agreement outlines the services to be performed by each entity for the other, and describes how payment for those services will be handled. These services include provision of fringe benefits, general management, human resources, financial support, information systems, etc. These costs will be allocated using two rates: one for fringe benefits, based on salaries; and a Governance and Administration (G&A) rate for all other activities, based on total costs. The allocations shall be based on the approved budgets for each organization, and payment made on a periodic basis as agreed upon in the service agreements. The recovery of fringe benefit and G&A expense on external grants and awards will be recognized as revenue to the subsidiary that is awarded the grant or award, and will be applied as an offset to the Fringe and G&A charges from APA to the subsidiary. Any inter-organizational grant that is awarded to be used for payment of G&A allocations will be net of the recovery.

c. Financial Reporting

The objective of the financial reporting policy is (1) to ensure financial reports of APA and its affiliated entities are current, accurate, and complete, and (2) to increase consistency in reported results at the individual and aggregate level, including consistency in reports prepared by the APA finance department and other departments. This policy applies to all entities, all levels of the organization, and any official financial report (defined as reports of actual activity, budgets and projections, and proposals for external or internal parties).

The APA General Ledger will be the basis for financial reporting. Subsidiary ledgers, which may contain more detail than the general ledger, may be used as the source of data; however, only subsidiary reports that are reconciled to the general ledger may be used.

In order to ensure objectives of the policy are met, official financial reports prepared outside the finance department must be signed off by the Director of Accounting or the CFO before they are released to an external party or to a Board or other component.

Preliminary financial statements are provided for staff review prior to the publication of the monthly financial reports; however, monthly financial data is not to be released to an external party or to a Board or other component until the "Consolidated Financial Report" has been published by the Finance Office.

B. Financial Management

1. Reporting

The Finance Department submits a statement of financial condition, statement of financial activities and investment updates regularly to the Board Executive Committee. The most recently reviewed financial statements are submitted to the APA Board of Trustees at each of its meetings.

2. Fiscal Year

The Association’s fiscal year is from January 1 through December 31, as approved by the Internal Revenue Service in
3. **Budgets**

   All amounts expended by the American Psychiatric Association and its affiliates shall be reviewed by the Finance and Budget Committee, regardless of the source of funds for such expenditures. Budgets are prepared on a fiscal year basis.

   a. **Process**

      Chairpersons of components and senior staff prepare budget requests which are reviewed by the Finance and Budget Committee and are considered in the development of the committee’s proposals. At its summer meeting, the Board of Trustees customarily approves the dues rates for members, so that dues billings can go out in a timely fashion, registration rates for the Annual Meeting, and any other time sensitive financial item. At its fall meetings, the Board of Trustees provides to the Finance and Budget Committee strategic guidance relative to the budget for the next fiscal year, together with long range planning issues. The budget is presented to and approved by the Board in December; adjustments may need to be made throughout the year.

      The Finance and Budget Committee shall review and revise capital and development budget requests submitted, and present these budgets to the Board of Trustees at the same time as the annual operating budget. The report of the Finance and Budget Committee shall include an estimate of the effect of the recommended capital expenditures on Association finances over the following five years. The Board of Trustees shall modify and approve the capital budget submitted by the Finance and Budget Committee at its December meeting. No component or department may expend Association funds for capital equipment, research, or program development unless such funds are included in the capital budget approved by the Board of Trustees. In an emergency, capital expenditures may be made to replace damaged or worn-out equipment even if such expenditures are not included in the annual capital budget.

   b. **Performance Measures**

      Department heads will be required to identify objectives and how to measure success in meeting those objectives for every activity or project that is funded with Association funds. These will be reported on during the budget cycle.

      Revenue-producing activities may be required to meet an agreed-upon net contribution, based on industry standards, after direct costs (including fringe benefits but not G&A allocations). Projects or activities that do not meet these benchmarks will be re-evaluated.

   c. **Type of budgets**

      1) **Operating**

         All items which are treated as normal operating expenditures (not capital expenditures) under Generally Accepted Accounting Principles shall be included in the annual budget approved by the Board. Effective January 1, 2007, investment fees will be covered by investment income rather than current year operating income for budgetary purposes.

      2) **Capital**

         All capital expenditures by the American Psychiatric Association, for whatever purpose, shall be approved in a special capital budget, submitted to the Finance and Budget Committee and the Board of Trustees at the same time as the operating budget. A capital expenditure is defined as an item costing in excess of $5,000 per item (computer or communications hardware, furniture, etc.) that is expected to be used to support the activities of the Association for a period of at least two years.

      3) **Development**

         Each component or department desiring to make a research or program development expenditure not covered by the operating budget or a grant providing full overhead shall prepare a budget request in the form normally used for the operating budget. The request should indicate that the program is to be treated as a capital expense. The request shall include a forecasted business plan that identifies the objectives of the expenditure, revenue and expenditure forecasts, source and timing of revenues.

      4) **Cash**

         The Finance Department shall prepare a cash budget annually, scheduling estimated cash receipts and
disbursements on a monthly basis to determine the amount of and timing of any financing that may be needed.

5) **Component budgets**

The Board approves an annual budget for components. All solicitation of grants or of any kind of outside funding must be first approved by the Board and then coordinated with the CEO/Medical Director. When such support grants are received, the funds are to be administered by the Association. (See “Guidelines for Seeking External Funding” and appropriate form to request authority to solicit outside funds in Appendix H of this manual.)

The Component budget policy is included in Appendix W-1, “Component Budget Policy,” of this manual.

d. **Monitoring and Amending the Budget**

The CEO/Medical Director will ensure both salary and non-salary items stay on budget. Where the department head forecasts an overspending of a line item in their department budget, they are to identify, within their budget, a source of funds to ensure the total department budget remains in balance. If the source of funds is in another department within the division, the Division Director, subject to the approval of the CEO/Medical Director may approve the transfer. If the source of funds is within another division, the transfer requires the approval of the CEO/Medical Director. This requirement applies to central office budgets and will be included as part of the annual performance review for each manager with budgetary responsibility.

Particular attention is to be paid to managing salary budgets. This line item will be managed separately and on an *annualized basis*. While transfers between budgetary line items are acceptable, transfers from non-salary items to salary generally will not be approved. No change to salary budget (new position, new hire, salary increase, etc.) will be approved if it causes the department to over-spend the salary line item. Where a department head proposes a salary action that will result in the salary budget exceeding the approved salary budget for that department, the Division Director, subject to the approval of the CEO/Medical Director, may approve a transfer of salary budget dollars within the Division, ensuring the total salary budget for the Division is not over-allocated nor forecasted to be over-expended (on an annualized basis). If there are insufficient funds within the Division, the CEO/Medical Director may approve a transfer of budget dollars between Divisions.

4. **Accounting**

Books are kept at APA Headquarters for all Association entities. Significant accounting policies are described in the Audited Financial Statements, available from the Finance Department upon request. In addition, Federal Tax Forms 990 are available from the Finance Department upon request.

a. **Unrestricted funds**

Unrestricted net assets represent the portion of expendable funds that are available for support of the Association’s operations, with no externally imposed restrictions.

b. **Restricted funds**

Temporarily restricted net assets are specifically restricted by donors for various programs or future periods. Contributions that are temporarily restricted must be in accord with the objectives of the Association and consistent with the Association’s Gift Acceptance Policy.

Permanently restricted net assets represent the endowment funds of the Association. Contributions to an endowment fund must be in accord with the objectives of the Association and consistent with the Association’s Gift Acceptance Policy.

c. **Board Designated Funds**

The Board of Trustees may designate a portion of unrestricted net assets for the pursuit of special projects.

5. **Investment and Banking**

a. **Bank Accounts**

The auditors and/or staff propose and the Board determines depositories in which the Treasurer shall keep the funds of the Association. All funds received for deposit from whatever source are deposited in these accounts. Funds for each entity are maintained in separate accounts.
b. Investment Policy
The stated investment policy of the Association is to employ sound investment vehicles affording the maximum return consonant with safety of capital, i.e., the type of investment a prudent individual would seek. Safety of capital is the first objective of the investment program. Association funds may be invested in cash, or cash equivalents, fixed income or equity securities specified by the asset allocation requirements described in the Investment Policy initially approved by the Board December, 1999 (and subsequently updated).

The Investment Oversight Committee will recommend changes to the investment policy to the Board of Trustees through the Finance and Budget Committee.

The Association’s investment policy is included in Appendix W-2, “Statement of Investment Objectives and Policies,” of this manual.

c. Allocation of Investment Income
Investment income will be allocated to Temporarily Restricted Net Assets (TRNA) (if required by the donor), Permanently Restricted Net Assets (PRNA) and Board Designated Net Assets (BDNA) (if required by the Board) at the end of the calendar year. The allocation of investment income is based upon the actual return on investments that the long term investment portfolio experienced during the year. Actual return is calculated as the net of unrealized and realized gains and losses and interest and dividends. This allocation percentage will be applied to the ending net asset value prior to the allocation. This policy applies to the long term investments held by APA and APF.

d. Borrowing Policy
In order to meet working capital requirements (and only for working capital), the Chief Financial Officer (CFO) is authorized to use a line of credit or unrestricted reserves with written approval of the CEO/Medical Director. Projected and actual use of either will be reported in the CFO Report. The line will be repaid annually, subject to the availability of funds. Restricted reserves (externally or board designated) may only be used for the purpose for which they were established.

e. Audits
External auditors, appointed by the Audit Committee will perform an audit of the Association’s consolidated financial statements at least annually. The audited financial statements, audit report, and management letter will be accepted by the Audit Committee.

6. Credit and Collections Policy
The objectives of the credit and collections policy is (1) to establish a clear guide for making consistent credit decisions to maximize profitable sales within the bounds of efficient credit controls, and (2) to establish guidelines governing the extension of credit, the collection of indebtedness, and the administration of accounts receivable.

This policy applies to APA and its affiliated entities, including APAF; where "APA" is used, it is intended to mean APA, APAF, and all other affiliated entities. The Association Credit and Collections Policy is included in Appendix W-6, “Credit and Collections Policy” of this manual.

7. Reserve Policy
The organization will build its unrestricted reserve to equal to 100% of operating expenses for a calendar year. The unrestricted reserve for the purpose of this policy will not include those reserve funds with a planned spend down. The unrestricted reserve will be available to accommodate normal cash flow timing differences, unexpected emergencies, unanticipated opportunities, replace or improve capital assets, subject to the specific approval of the Board of Trustees or the Finance and Budget Committee.

C. Source of Funds

1. Member Dues
Authority: Bylaws 3.10 (c) authorizes the Board of Trustees to establish dues and assessments for the several categories of membership. Bylaws 2.7 establishes the categories of dues-paying members. Bylaws 2.9 notes the requirement for dual membership in both the district branch and the national association and forfeiture of membership. Current dues rates are included in Appendix K of this manual or may be obtained from the Department
2. **Education**
   Includes registration fees at the annual meeting, annual institute, and appropriate other meetings. Also includes sale of CME products and services.

3. **Publications**
   Includes subscriptions to the Psychiatric Services Resource Center, sale of subscriptions to and advertising in APA’s periodicals (the *American Journal of Psychiatry*, *Psychiatric Services* and *Psychiatric News*), and sale of books and related products.

4. **Research**
   Grants and contracts from public agencies and private foundations, donations and bequests from groups or individuals, and administrative costs for them (See section E, “Administration of Association Grants” in this chapter.)

5. **Other Sources of Income**
   The sources of income vary from year to year depending on the activities of the Association and the general economic climate. Examples of other income include the sale of exhibit space at the annual and other meetings, speaker's fees paid to the CEO/Medical Director and other staff personnel while on duty status, earnings on invested funds.

D. **Expenditures**

1. **Control and Authority**
   Bylaws 3.10 (d) designates the Board of Trustees as the sole entity for controlling the funds of the Association and designating its depositories. The Board is authorized to adopt a budget, make disbursements, and establish dues and assessments. Since this is a specific function authorized in the Bylaws, the Board's fiscal responsibility cannot be repudiated. The Board can allocate funds to officers, councils and other Association components, and other agencies of the Association, and delegate to the administrative officials of those elements the authority to make specific expenditures within the limits of the amount appropriated.

   The following authorized Association representatives are granted full authority to sign checks, drafts, and withdrawal forms at appropriate fiscal institutions and to carry out other routine banking and investment functions required to manage APA funds for all accounts except those related to Human Resources:
   - CEO/Medical Director
   - Chief Financial Officer
   - Chief Operating Officer

   The following authorized representatives are granted full authority to carry out other routine banking and investment functions required to manage the benefit and other Human Resources accounts:
   - CEO/Medical Director
   - Chief Financial Officer
   - Chief Operating Officer

   In all cases, each account shall require dual signatures for disbursements, withdrawals, or transfers over $100,000. In the event a second authorized signatory is not available to sign a check and a delay would have negative operational impacts, authorization may be evidenced by written approval by second signatory (e.g. via memo or email). Such written authorization must be kept on file and must describe the circumstances which necessitated this approach.

   If the second authorized signatory is not available to sign a check, in order to prevent a delay resulting in negative operational impacts, authorization may be evidenced by the second signatory’s written approval (e.g. memo or email). Such written authorization must describe the circumstances necessitating this approach and be kept on file for future reference.

   Each of these disbursing officials is properly bonded. No funds are disbursed except on receipt of a voucher statement that makes clear who incurred the obligation, for what purpose, and to what account it is to be charged.
2. Contracting and Procurement
The CEO/Medical Director is authorized to execute contracts, agreements, or to make other representations on behalf of the Association. When the CEO/Medical Director is unavailable, he/she may appoint a Division Director to do so. The Chief Financial Officer is also authorized to execute contracts, agreements, or to make representations on behalf of the Association.

a. Objective
The objective of the procurement system is to ensure expedient procurement of quality goods and services, free and open competition; best price and delivery terms for goods and services; compliance with external regulations; purchases and/or commitments are within budget and properly authorized; maximum flexibility while protecting Association business risk.

b. Requirement to Compete
Vendors/contractors are to be selected on the basis of competition to the maximum extent possible to ensure that the procurement is made in the best interests of the Association, consistent with the circumstances, price and other factors relevant to the particular action. The degree of formality of the competition depends on the dollar level, complexity and type of transaction and must be coordinated with the Procurement Director. Award selection does not necessarily need to be based on lowest cost; “best value” is often the most appropriate criterion.

c. Centralized Approach
In order to deliver best value (balancing price, timeliness, reliability, and flexibility), the Association uses a centralized approach for the purchase of certain items e.g. IT, Meetings, Building related items, printing services, office supplies. Vendor relationships are managed by Department Facilities and Business Services and staff are to coordinate purchases through that division.

d. Ethics Statement
Each staff member who procures goods or services on behalf of the Association should ensure that the integrity of the Association is maintained in all vendor/contractor transactions by considering first the interests of the Association, exhibiting honesty, fairness and objectivity, striving to obtain the maximum value for each dollar expended, and by respecting and upholding the Association Conflict of Interest Policy.

3. Disbursements

a. Travel Reimbursement
As approved by the Board, regulations cover travel costs that are the expenses for transportation, lodging, subsistence, and related items incurred by members and staff who are in travel status on official business of the Association. Travel by members of components must be authorized by the chairperson of the component’s governing council. In cases not otherwise covered, the CEO/Medical Director, acting under the authority given by the Board, may authorize travel required on Association business.


b. Reimbursement of Eligible Officers
(1) Board of Trustees: Except as provided below, all members of the Board of Trustees are reimbursed for their travel expenses for attendance at meetings of the Board in accordance with the Association travel policies as set forth in the Operations Manual. In addition and subject to the availability of budgeted operating funds, the Treasurer, the Trustee-at-Large and RFM Trustees may be reimbursed for attendance at the fall Assembly meeting, one Area council meeting within his/her geographic area, and one Area Council meeting outside his/her geographic area.

(2) Eligible Officers: The annual budget of the Speaker-elect Association provides funds to its eligible officers to reimburse them for their efforts on behalf of the Association and to defray the cost of their travel and other expenses. Eligible officers include the President, President-elect, Speaker, and. The budget for the reimbursement advance shall be considered for adjustment each year by the Finance and Budget Committee.
(3) Off. Honoraria: Officers may at their discretion elect to allocate their honoraria funds to various projects and activities within the Association. This allocation will result in a budget transfer from the respective officer honoraria budget to the appropriate project or activity budget. The officer may only allocate the funds to which they are entitled for the term and not the funds available for the next officer’s term.

The Officer’s Reimbursement Policy is included in Appendix W-4, “Officer Reimbursement Policy and Procedures,” of this manual.

E. Administration of Association Grants

The following is a listing of the types of grants and regulations approved by the Board of Trustees.

1. Type of Grants
   a. Restricted Grants
      Funds made available by any organization or individual for a specified purpose, following review and approval by the grantor of a formal project statement or protocol and budget developed by or on behalf of the Association (grantee) and utilized as a basis for soliciting the funds. As a prerequisite for receiving the funds, the grantor generally requires the Association to account for the fund and to make such accounts available to the grantor for audit. Unexpended funds or those not spent in accordance with the approved protocol and budget may be subject to recovery by the grantor, as set forth in the grant agreement.

   b. Project Contract
      A legally binding agreement negotiated by or on behalf of the Association with other organizations or individuals, which agreement specifies the nature of services or activities to be carried out, or materials to be produced, by negotiating cost sharing, an agreed percentage or an agreement to produce a product for a stipulated fee.

   c. Unrestricted Gift or Bequest
      Funds donated by an organization or individual and accepted by the Association for use in furthering one or more of its constitutional objectives. Such donations do not carry with them any stipulation by the donor that the Association necessarily be required (1) to submit to the donor a formal protocol and budget; nor (2) to be legally accountable for the funds donated; nor (3) to return to the donor any unexpended balance.

2. Relationships with Grantors

Except for solicitations related to Advertising and the Annual Meeting symposia, solicitation of external grant funds must be coordinated and administered by APAF on behalf of the Association.

3. Recovering the expense of administering grants

The Association’s policy states that, the goal is to have grants and contracts fully cover all direct expenses, including fringe benefits. Proposals will include full indirect rates at a percent equal to that rate which is annually negotiated with the federal government.

4. Spending Policy for Private Grants and Awards

Beginning in 2002, the Associations (collectively known as APA and APAF) began to record pledges receivable on a monthly basis. Revenue on private grants and awards is recorded within the financial statements before the Association receives the cash from the donor. Therefore, the following is established as the spending policy for private grants and awards:

- For donations from individuals: Grant funds cannot be spent until the cash from the donor has been received.
- For donations from corporate institutions: (1) For new donors and existing donors contributing to new programs, grant funds cannot be spent until the cash from the donor has been received. (2) For existing donors contributing to existing programs, grants funds can be spent when a signed contract or award letter has been received and approved by the Associations related to the appropriate program.
- For inter-organizational grants and donations: Grants funds can be spent when the granting organization notifies the grantee organization in writing that the grant has been approved by the Board of the granting organization.

This policy does not apply to Federal awards for which spending may begin upon written confirmation of start date. Exceptions may be made only with the approval of the CEO/Medical Director.
F. Policies and Procedures for Awards

1. Approval Process

The approval process for new awards begins with presentation of the award proposal to the appropriate council. The council will make a recommendation regarding the proposal to the Joint Reference Committee, which will then act on the recommendations. The Board of Trustees must make final approval.

Approval through the Executive Committee may be sought in cases requiring immediate action. However, the usual system of approval is preferred since it incorporates the collective knowledge and judgment of several components. Whenever possible, proposals for new awards should proceed through the established system, which is designed to encourage participation at several levels.

The Association Award policy is included in Appendix W.5, “Policy for the Administration of Awards,” of the Operations Manual.
CHAPTER FIVE: MEMBERSHIP

A. General Eligibility

The APA is an organization composed primarily of medical specialists who are qualified, or in the process of becoming qualified, as psychiatrists. The basic eligibility requirement is completion of a residency program in psychiatry accredited by the Residency Review Committee for Psychiatry of the Accreditation Council for Graduate Medical Education, the Royal College of Physicians and Surgeons of Canada, or the American Osteopathic Association. The categories of membership described herein reflect varying levels of training and experience.

Membership processing is accomplished through the joint efforts of: 1) the Membership Committee (discussed in Chapter Two of this manual); 2) the Membership Department at APA headquarters (referred to interchangeably as the Membership Department and Central Office); and 3) APA district branches and state associations (henceforth referred to as district branches). Basically, each component is responsible for applying the criteria for membership in Chapter Two of the Bylaws and the assigned actions contained in this chapter of the Operations Manual.

B. Classes of Membership

The Bylaws recognizes 15 classes of membership as follows:

1. Medical Student Member
2. Resident-Fellow Member
3. Associate Member*
4. General Member
5. Fellow
6. Distinguished Fellow
7. Life Member
8. Life Fellow
9. Distinguished Life Fellow
10. Life Associate Member
11. Honorary Fellow
12. International Member
13. International Fellow
14. International Distinguished Fellow
15. Inactive Member/Fellow

*Category closed to any new applicants by Board action 12/89.

The table on the next page indicates the privileges and duties of the various categories of membership. See Appendix K of this manual for current dues structure.
1. Rights and Responsibilities of Membership

<table>
<thead>
<tr>
<th>Member Class</th>
<th>May Hold Office</th>
<th>Pays Dues</th>
<th>Votes For and/or Nominates Candidates</th>
<th>Receives Publications</th>
<th>Listed in Directory</th>
<th>Eligible For Insurance a</th>
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<td>NO</td>
<td>YES c</td>
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<tr>
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<td>Y/N d</td>
<td>NO</td>
<td>Y/N d</td>
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<td>NO</td>
</tr>
<tr>
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<td>YES</td>
<td>Y/N d</td>
<td>YES</td>
<td>Y/N d</td>
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<tr>
<td>Honorary Fellow</td>
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<td>NO</td>
<td>YES c</td>
<td>YES</td>
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</tr>
<tr>
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<td>NO</td>
<td>YES c</td>
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</tr>
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</table>

a  Members can obtain malpractice insurance coverage through the APA-endorsed Malpractice Program, administered by American Professional Agency, Inc.

b  Pay a one-time national membership dues of $25.00 effective 1/1/98; fee waived by Board from time to time (fee has been waived since 2001).

c  Online access only to publications. MS Members can receive hardcopy subscriptions to AJP & Psych News for a one-time $25 fee.

d  New Life Members/Fellows/Distinguished Life Fellows/Associates as of January 1, 1993 are responsible for payment of dues. Members reaching Life status as of 1/1/93 are billed 2/3 of the full GM dues for 5 years and then 1/3 of the full GM dues rate for the next 5 years. After 10 years, Life Members/Fellows/Distinguished Life Fellows/Associates become dues exempt. This change does not affect members who became LM/LF/DFL/LA prior to 1/1/93.

e  Pay a reduced subscription fee for the American Journal of Psychiatry, if this status was attained prior to 1993 and receive publications free if status attained in 1993 or after.

C. Dual Membership Requirement

Applicants for membership as a Resident-Fellow Member and General Member (defined in Section D below) shall apply to the appropriate district branch. No one can be a member of APA who is not a member of a district branch, except for Medical Student Members, International Members/Fellows, and Honorary Fellows, and those described in the section "Members-at-Large" below. Applicants outside the jurisdiction of a district branch may apply through the Secretary of the Association, and are enrolled once a year. After an applicant has been approved for membership in the branch, his/her
application is forwarded to the APA Central Office. The Membership Department examines the application in order to verify that the applicant has qualified for membership in accordance with Chapter Two of the Bylaws. New members will be simultaneously enrolled, at the same status in both the district branch and the APA, on the first day of the month after the approved application is received and processed in the Membership Department. The Department must promptly notify the district branch of the applicant’s ineligibility if the membership requirements are not met.

It is the prerogative of the district branch to decide whether or not every member of that branch who resides within the area of a chapter must also belong to the chapter.

An applicant for membership who is rejected by the district branch may appeal through the Recorder to the Assembly for adjudication. The following guidelines apply:

1. The applicant must initiate an appeal within ninety (90) days of receiving notification that his/her application or transfer was rejected.

2. The district branch must show just cause for its action to the Assembly (through the Recorder);

3. If a matter of ethics is raised, the matter should be referred to the APA Ethics Committee; and

4. If the matter cannot be resolved by mutual agreement among the Assembly, the district branch, and the applicant, the matter should be referred to the Board for final action.

1. Members-at-Large

At-large membership consists of APA members who do not belong to a district branch and is restricted to those who:

- Joined the APA prior to 1963, when the joint APA-district branch membership requirement was approved by the members, and who did not subsequently join a district branch (there will be no additions to this group); or

- Joined after 1963 while residing in an area of the U.S. or Canada that did not yet have a district branch and whose membership application was directly approved by the Board on recommendation of the Membership Committee; or

- Are in an area of North America, Central America, or the Caribbean which is outside the jurisdiction of a district branch; or

- Are enrolled as Medical Student Members (District Branch membership is waived until graduation from medical school, at which time those Medical Student Members eligible for Resident-Fellow Member status must join the appropriate district branch in order to advance to Resident-Fellow Member.)

At-large members who qualify under (1) or (2) above may retain that status indefinitely. Members-at-Large may remain in the At-large status for up to 24 months when temporarily relocated to the United States. (6/96) However, once such a member has joined a district branch, he/she is thereafter prohibited from reverting to at-large status except by leaving the jurisdiction of the district branches of the Association. If a former at-large member rejoins the Association, he/she is no longer eligible for an exemption under (1) or (2) above.

Where no district branch exists, the applicant shall apply for membership through the Secretary to the Membership Committee. Applications are reviewed by the Membership Committee upon whose recommendations the Board of Trustees takes final action. At-large members who move into the jurisdiction of a district branch must apply, within one year, to become members of that branch or forfeit APA membership.

Advancement in membership status is also reviewed by the Membership Committee with final action taken by the Board of Trustees. At-large members are eligible for Distinguished Fellowship if the established criteria for that category are fulfilled. At-large members shall be nominated for Distinguished Fellowship by a Distinguished Fellow of the APA.

A member who moves from the jurisdiction of a district branch into an area where no district branch exists, may become a member-at-large. This is an administrative action by the Membership Department at the request of the
D. Election to Membership

The criteria used to determine ethical and professional suitability for election to membership, promotion to more advanced membership class, or transfer to another district branch, shall be defined as: 1) an applicant's professional activities meet the standards of responsible psychiatric practice as defined by the local district branch; 2) any physical or emotional impairment an applicant has does not significantly affect his/her ability to fulfill professional responsibilities, as determined by the local district branch.

1. Medical Student Members

Individuals who are enrolled in a U.S. or Canadian school of medicine, including osteopathic medicine, and remain enrolled therein. Medical students are recruited through the Chairmen of Departments of Psychiatry and/or Directors of Medical Student Education. In 1991, an amendment to the Bylaws was passed which waives district branch membership for Medical Student Members until graduation from medical school, at which time those Medical Student Members eligible for Resident-Fellow Member status must join the appropriate district branch in order to advance to Resident-Fellow Member. Medical Student Members may belong to the APA only; District Branches are encouraged to maintain medical students on their mailing lists. The graduate may apply for Resident-Fellow Member status if he/she has been accepted into an approved psychiatric residency training program, or a one-year primary care training program to be followed by an approved psychiatric residency. Medical Student Members who upgrade to Resident-Fellow Member status between January and June receive a waiver of APA national dues for the remaining calendar year. If the upgrade is between July and December, the member receives a waiver of APA national dues for the remainder of the calendar year, plus the following calendar dues year. Medical Student Members pay a one-time national membership dues, though effective 2001, the fee has been waived by the Board. Medical Student members receive online access to *The American Journal of Psychiatry* and *Psychiatric News*. For a one-time fee of $25, MS Members can receive hardcopy subscriptions to *The American Journal of Psychiatry* and *Psychiatric News*. They are also eligible for selected insurance benefits. Medical Student Members do not have voting privileges or eligibility to hold office, and years as a Student Member do not count as active years toward Life status. If a Medical Student Member does not enter a psychiatry residency training program, does not complete an application to advance to Resident-Fellow Member status, or if he or she can no longer be located, the member will be dropped from membership.

2. Resident-Fellow Members

Physicians who have been accepted into a psychiatric residency training program that is approved by the Residency Review Committee for Psychiatry of the Accreditation Council for Graduate Medical Education or Royal College of Physicians and Surgeons of Canada, or the American Osteopathic Association (7/93) and remain enrolled therein. Residents enrolled in a one-year primary care training program to be followed by an approved psychiatric residency are eligible for Resident-Fellow Member status, as are residents in a combined specialty program (12/95). Upon completion of approved psychiatric residency training, Resident-Fellow Members shall be advanced to General Membership, unless they are pursuing advanced psychiatric training. Resident-Fellow Members who have completed an ACGME- or AOA-approved residency training program but have not passed the U.S. License Medical Examination (USLME) may remain in the RFM category for one year. RFMs must upgrade to General Membership within one year (upon passing the exam) or will be terminated from membership.

Residents who enroll as Resident-Fellow Members between January and June receive a waiver of APA national dues for the remaining calendar year. If the enrollment is between July and December, the member receives a waiver of APA national dues for the remainder of the calendar year, plus the following calendar dues year. Waiver of district branch dues is made at the discretion of the individual branches. Following the waiver period, Resident-Fellow Members pay a reduced fee. All Resident-Fellow Members receive *The American Journal of Psychiatry* and *Psychiatric News*. Resident-Fellow Members who advance to General Member status will be upgraded immediately, and not be charged dues in their new category until January 1st of the following year (the start of the new dues year). If a General Member decides to continue with another residency or a fellowship in psychiatry, he/she may be returned to Resident-Fellow Member status if the nine year limit to holding RFM status has not been reached. Resident-Fellow Members who continue in training in fellowships outside of the ACGME-, AOA-, or RCPS(C)-approved psychiatry programs (e.g., epidemiology, nuclear medicine, or ambulatory care) are eligible to continue as Resident-Fellow Members until the fellowship is completed or the nine-year limit is reached.
It is the responsibility of the Associate Member, General Member, or Fellow who has been accepted into a residency training program in psychiatry to notify the district branch or APA that he/she wishes to change to Resident-Fellow Member status. Dues will be at the Resident-Fellow Member rate beginning with implementation of the change to that status and will revert to the appropriate rate upon completion of training. If the member does not notify the district branch or APA of a return to residency training, it will be assumed that the member wishes his/her status to remain unchanged. As with all other membership transactions, approval must be granted by the district branch prior to implementation of the change.

3. **Associate Members**

Physicians who are not fully qualified as specialists in psychiatry, but who have had one full year of acceptable training or experience in psychiatry. Associate Members must either have a valid license to practice medicine or hold an academic, research, or governmental position that does not require licensure. (A limited license is considered to be a valid license.) This category is open only to those Associate Members who were granted that status by December 1989; no new Associate Members will be accepted. Associate Members may remain in that status indefinitely or until eligible for Life Associate status, or may transfer to Resident-Fellow Member status if they enter an approved psychiatric residency training program. Under certain conditions, they may advance to General Membership (see Section E, Changes in Member Class, below). All Associate Members receive *The American Journal of Psychiatry* and *Psychiatric News*; however, they do not have voting privileges or eligibility to hold office.

4. **General Members**

Physicians who have completed an acceptable program of training in psychiatry; they must hold either a valid license to practice medicine or hold an academic, research, or governmental position that does not require licensure. Medical license does not have to be local; it may come from anywhere in US/Canada (as appropriate). A limited license is considered to be a valid license. Eligibility requirements for General Member status include completion of a residency program in psychiatry accredited by the Residency Review Committee for Psychiatry of the Accreditation Council for Graduate Medical Education, the Royal College of Physicians and Surgeons of Canada, or the American Osteopathic Association (7/93). If a psychiatrist can demonstrate eligibility to sit for the American Board of Psychiatry and Neurology exam, or the Royal College of Physicians and Surgeons of Canada exam by providing a letter from ABPN or RCPS (C), or if he/she is eligible to hold (or holds) the certificate of specialty in psychiatry at the College of Physicians of Quebec, he or she is eligible for APA membership (12/95). Members may remain in this category indefinitely, or they may revert to Resident-Fellow Member status if they re-enter psychiatric training and they have not exceeded nine years in this status previously (i.e., nine year limit for holding RFM status); they may apply for Fellowship or be nominated for Distinguished Fellowship; or they may become Life Members when their years of active membership in the Association plus age at the start of the fiscal year, equal 95.

Because the APA is an association primarily of medical specialists who are qualified as psychiatrists, the intent of the General Membership requirements is to ensure that the physician (including a Doctor of Osteopathy) has completed an approved psychiatric residency. However, since some individuals may have been fully trained abroad, where no formal approval of the residency program can be made by the appropriate authorities in the U.S., the Bylaws carries the phrase “acceptable training.” A physician who is in general practice or in another specialty, and works on the staff of a mental hospital as a consultant or attending physician, does not qualify for General Membership, unless he/she has the equivalent of a residency experience in psychiatry as described above. The Membership Committee will determine whether the applicant has the equivalent of a residency experience in psychiatry by reviewing the applications on an individual basis. The committee will also take into consideration recommendations from the district branch and will rely on it to provide as much information as possible on behalf of the applicant.

A member who has met the psychiatry residency training and licensure requirements will continue to be eligible for membership even if he or she enters training or practice in another specialty. (12/95) However, if the 9-year limit for being in the RFM category had previously been reached, the member must remain in the General Member status. A member who returns to school on a full-time basis in a degree program, and provides sufficient documentation, may have his or her dues reduced to the Resident-Fellow Member rate until the degree is obtained, but no longer than 3 years. The member must submit a request to the DB directly for approval of a reduction in DB dues to the RFM rate. APA dues reduction will be handled administratively by APA Central Office. Current member class status (e.g., General Member or Fellow) will be retained. (6/96)

With the 2013 dues year, the Board approved a graduated dues structure for members in the first six years of General Member and Fellow status. The rates are set as percentages of the full dues amount as follows: Year 1: 25%, Year 2:
5. **International Members, International Fellows, and International Distinguished Fellows**

**International Members** are physicians who live outside the jurisdiction of the APA or permanently reside outside the jurisdiction of a District Branch but within the jurisdiction of the Association and meet the criteria established for General Members. Applicants for this category must be licensed physicians who have completed an acceptable program of training in psychiatry. Applications are received in the Central Office and reviewed by the Membership Committee. Committee recommendations are presented to the Board of Trustees for final action. General Members who move abroad permanently may request transfer to International Member status. This action is handled administratively by the Membership Department.

**International Fellows** are physicians who live outside the jurisdiction of the APA or permanently reside outside the jurisdiction of a District Branch but within the jurisdiction of the Association and meet the criteria established for General Members. Applicants for this category must be licensed physicians who have completed an acceptable program of training in psychiatry. Applicants for International Fellowship will have had three years of either APA membership or membership in the applicant’s national or local psychiatric organization. Applicants for International Fellow must also provide a letter of verification indicating they are in good standing with the national or local psychiatric organization and also provide board certification, or equivalent, if such certification exists in applicant’s country. Applications are received in the Central Office and reviewed by the Membership Committee. Committee recommendations are presented to the Board of Trustees for final action. Fellows who move abroad permanently may request transfer to International Fellow status. This action is handled administratively by the Membership Department.

**International Distinguished Fellows** are physicians who live outside the jurisdiction of the APA or permanently reside outside the jurisdiction of a District Branch but within the jurisdiction of the Association and meet the criteria established for General Members. Applicants for this category must be licensed physicians who have completed an acceptable program of training in psychiatry. Applicants for International Distinguished Fellowship must fulfill the criteria for Distinguished Fellowship; i.e., having made significant and continued contributions to the field of psychiatry (see section on Election to Distinguished Fellowship, disregarding references to the district branch), and must have the support of three Distinguished Fellows and/or International Distinguished Fellows of the APA. Letters from Fellows or International Fellows do not count as one of the three required letters of support. Applications are received in the Central Office and reviewed by the Membership Committee. Committee recommendations are presented to the Board of Trustees for final action. Distinguished Fellows who move abroad permanently may request transfer to International Distinguished Fellow status. This action is handled administratively by the Membership Department.

6. **RFM Transfer to International Member Status**

The Resident-Fellow Member (RFM) is responsible for providing a copy of his/her medical license, which can be a foreign medical license and proof of residency completion. After documentation is complete, the member is processed in the usual way that a General Member is transferred to International Member. In the event that the RFM is unable to submit a foreign license before returning to his/her home country, the member if given up to one-year to provide the information. If the necessary documents are not received within that time, the RFM will then be dropped for failure to advance. (12/95)

International Members/Fellows who move into the jurisdiction of the APA are required to join the appropriate district branch and to make the transfer in membership status to General Member or Fellow if eligible for either member category. International Members/Fellows who move into the jurisdiction of a district branch must apply, within one year, to become members of that branch or forfeit APA membership. These International Members receive one year of credit toward the eight year General Membership requirement for eligibility to Distinguished Fellowship for every two years of International Membership (12/84). International Members/Fellows do not receive credit toward the 95 points Life status formula for those years as International Members/Fellows. International Members/Fellows receive online access to the publications (*AJP and Psychiatric News*) and may also subscribe to receive hardcopy subscription at a reduced rate.

In 1991, the Bylaws were changed to permit physicians permanently residing outside the jurisdiction of a district branch but within the jurisdiction of the APA (North America, Central America, and the Caribbean) who would otherwise be qualified for membership to become International Members and Fellows.
7. **Honorary Fellows**

Honorary Fellows are physicians or others who have rendered signal service in the promotion of mental health and psychiatry. Honorary Fellows receive *The American Journal of Psychiatry* and *Psychiatric News*, but do not have voting privileges or eligibility to hold office. The Membership Committee acts upon nominations by a voting member of the Association for Honorary Fellows. Candidates for Honorary Fellowship should:

- Have rendered singular service on a national or international level;
- Have rendered outstanding and unique service; and
- Have rendered contributions that were sustained.

In addition, in order to make a careful and thorough evaluation of every proposed nominee, the following is required:

- There shall be adequate documentation of the qualifications of the nominee.
- The names of the proposed nominees and information concerning them shall be circulated among the members of the Board of Trustees in advance of any consideration by the Membership Committee, so that individual and confidential comments can be considered.
- The Membership Committee, whenever possible, shall consider all such nominations at scheduled meetings of the Committee and avoid a mail ballot, so that there can be opportunity for adequate discussion.

With due notice given to the member, the Board may terminate Honorary Fellowship upon recommendation of the Membership Committee.

E. **Changes in Member Class**

Changes in member class shall become effective simultaneously in both the APA and the district branches, as of a date defined by APA Central Office for implementation of the action. Once a physician has joined APA as Medical Student Member, Resident-Fellow Member, Associate Member (category closed to new applicants), or General Member, he/she may change (and in some cases, must change) his/her member class, under the circumstances noted below.

1. **Procedures**

The procedures for changing member class are as follows:

1. **Advance Medical Student Members to Resident-Fellow Member status**

   (a) APA contacts all Medical Student members prior to graduation and notifies them that they must apply for Resident-Fellow Member status if they are entering into a psychiatry residency training program. The MS member submits an application and the application is forwarded to the district branch for review.

   (b) The district branch reviews and approves the application, provided the Medical Student Member has graduated from medical school and has been accepted into an approved psychiatric residency training program, or one-year primary care training program to be followed by an approved psychiatric residency training program. The DB notifies APA of the action.

2. **Resident-Fellow Member to General Member Automatic Advancement Procedures**

   (a) Shortly before training completion, APA will notify Resident-Fellow Members about the requirements for General Membership and inform them they will be automatically upgraded when training is completed (based on information originally provided by the member). All RFMs automatically advanced will be billed for the first year of General Member dues effective January 1 as part of the annual membership renewal process. APA will request that RFM members verify they meet the requirements of General Membership by signing and returning either a hardcopy print form or email notification to APA. For RFMs who do not respond to APA requests for signed verification of meeting the GM requirements, APA will contact the residency training programs to verify residency completion. Staff will also attempt to verify licensure information from state license board websites or other sources.

   (b) If the member is either continuing advanced training or has not passed the U.S. Medical Examination
(USMLE), he/she may continue as an RFM for a specified time period. **In order to continue as an RFM, the member must:**

- Notify APA that he/she is continuing advanced training and provide the necessary information for updating the membership record (training program, type, dates). Members may remain in the RFM category for a maximum of 9 years and will be required to advance to GM status (if eligible).
- Notify APA that he/she has not passed the USMLE. The member must remain in the RFM category for up to one year following completion of residency training.

(c) If the member is continuing advanced training, it will be his/her responsibility to notify APA and provide the necessary information for updating the membership record (training program, type, dates). This will ensure the member’s class will remain as Resident-Fellow Member.

(3) **Advance an Associate Member when he/she qualifies for General Membership**

The district branch reviews and approves documentation. The branch is responsible for sending notification to the Membership Department, accompanied by a copy of the physician’s current medical license and proof of completion of training.

At present, all district branches are approved to process members; chapters within branches are not approved to process members.

2. **Fellows**

To become a Fellow, a General Member must:

- be certified by the ABPN, RCPS(Canada), or AOA
- have the concurrence of the Membership Committee after providing a thirty day (30) comment period for District Branches.

Fellows must have either a valid license to practice medicine or hold an academic, research or governmental position that does not require licensure. The criteria and procedures for selection and nomination of General Members for Fellowship shall be established by the Board and the Membership Committee and shall apply uniformly for all District Branches. Members apply directly to the APA. Fellowship application forms are available on the APA website or by calling the APA Membership Department. **Applications are due by September 1.** Newly elected Fellows are invited to march in the processional at the next Convocation of Distinguished Fellows.

3. **Distinguished Fellows**

Distinguished Fellows are eligible members who have been nominated and elected to Distinguished Fellowship by the procedures and criteria indicated in the section below. Distinguished Fellowship is a conferred status, and no one, with the exception of International and Honorary Fellows, may join APA as a Fellow.

a. **Guidelines for Election to Distinguished Fellowship**

All nominations for the honor of Distinguished Fellowship are reviewed by the APA Membership Committee, which then submits its recommendations to the Board of Trustees for final approval. Nominations for Distinguished Fellowship are primarily the responsibility of the District Branches. The procedure is as follows:

(1) The APA Membership Department annually sends to each District Branch a list of its members who have been APA General Members or Fellows for a combination of at least eight (8) years. The branch should check the list carefully and verify years of General Membership or Fellowship for any prospective nominee.

(2) The District Branch nominates from the list and asks only those members meeting the following requirements to complete the Distinguished Fellowship nomination form:

(a) Not less than eight consecutive years as a General Member or Fellow of APA. (**Exceptions to the requirement that the years be consecutive may be considered by the Committee under unusual circumstances**).
(b) The District Branch should not resubmit the names of members who were nominated but not approved the preceding year. The purpose of this requirement is to allow time for members being re-nominated to improve their qualifications in areas where previously they did not show adequate strength. While a waiver of the two-year requirement is possible, there must be compelling reasons adequately documented by the branch.

(c) The General Member or Fellow should be an outstanding psychiatrist who has made significant contributions in at least five of the areas listed below. **Excellence**, not mere competence, is the hallmark of a Distinguished Fellow.

i. **Certification by the American Board of Psychiatry and Neurology, the Royal College of Physicians and Surgeons of Canada, the American Osteopathic Association or equivalent certifying board.** [Note: Board Certification became a core and necessary requirement for Distinguished Fellowship beginning in the year 2013. A waiver may be granted under extraordinary circumstances.] Once Distinguished Fellowship status is attained, maintenance of certification is encouraged but not required. If certified by another Board, details of the certification standards and process should be submitted so that the Committee might evaluate the equivalence of that certification. Additional credit in this category may be earned through certification by other medical boards, sub-specialty boards, or psychoanalysis, or for a Ph.D. or Master’s degree in a related field. Training without certification warrants no additional credit.

ii. **Involvement in the work of the district branch, chapter, and state association activities.** Since Distinguished Fellowship is an APA honor, participation in this category and/or category 3 is extremely important. Length and quality of service, as documented by the supporting letters, are taken into consideration. No credit is given for membership alone in the APA or district branch. Elected offices, committee work as a chair or member, newsletter work, website design/maintenance for the DB, political action committee oversight, or special projects at the district branch/chapter level are examples of activities earning credit in this category. Presentations at local meetings are usually considered under teaching activities.

iii. **Involvement in other components and activities of APA.** Involvement in the work of Area Councils, the Assembly or Board of Trustees counts toward credit here, as does holding elected office or a salaried APA position. Other examples of activities earning credit in this category are work on APA Councils, Committees, or Task Forces and service on the editorial boards of APA publications. Presentations at APA meetings are usually considered under teaching activities.

iv. **Involvement in other medical and professional organizations.** Activities in such organizations as the World Health Organization (WHO), World Psychiatric Association (WPA), American Medical Association (AMA), state and county medical societies and associations representing other medical specialties (e.g., pediatrics or neurology), or related professions (e.g., psychology, anthropology, sociology) are included in this group. Again, no credit is given for membership alone. Length and quality of service as documented by supporting letters, as well as positions held, determine credit given.

v. **Participation in non-compensated mental health and medical activities of social significance.** Activities demonstrating the physician’s social responsibility and humanitarian concerns, such as work with survivors of natural disasters, mental health patient advocacy groups (AMIs) or with AIDS service organizations, are included in this criterion. Nominees should specify the nature of their contributions and the time commitments made. For example, “Chaired Advocacy Coalition task force, which met every month for four hours over a five year period.” Letters from individuals (medical or non-medical) directly involved, specifically documenting the type, quality and length of involvement, are very helpful. The highest weight is given to service performed over a period of time, or on a short-term but intensive basis.

vi. **Participation in non-medical, non-income-producing community activities.** The Committee looks for significant contributions to the political, religious, charitable, artistic, educational, athletic or ethnic life of the community, i.e., contributions unrelated to medical income-
producing activities. Mere membership in, or financial donation to, a community service organization earns no credit. Supporting letters detailing contributions from persons directly involved with these activities are very important in documenting this category. Examples: serving as an officer in a church or synagogue; playing an instrument in a community orchestra or chairing the board of a local school PTA or charity.

vii. **Clinical contributions.**  
Letters attesting to and detailing exemplary skill, knowledge, diagnostic ability and therapeutic expertise are necessary. The Committee will recognize clinical distinction achieved in any of a spectrum of settings, but may take special note of work done in public service or underserved settings. Service on hospital committees and other medical administrative work may be listed here or under (8) below.

viii. **Administrative contributions.**  
In this category the Committee looks for advancement in administrative positions in institutional, community/public, or private settings, as well as the level of responsibility associated with the position(s). Intraspecialty administration as well as administration within broader mental health, medical or overarching venues count towards credit in this category. Responsibilities documented should include such non-clinical activities as program development and oversight, committee work, budgeting, management of human and financial resources, strategic planning or policy formulation. Letters giving the specifics, as well as the quality of the nominee's achievements in this area are needed.

ix. **Teaching contributions.**  
Teaching in all settings is acceptable. In university settings, advancement in academic rank is taken into consideration, as is the extent and quality of teaching activities in other settings. There should be letters from faculty members, heads of departments or others familiar with the nominee's work. Teaching in non-institutional, non-professional settings should be supported by letters from individuals directly involved. As indicated above, presentations at scientific meetings should be included under this category.

x. **Scientific and scholarly publications.**  
Books (other than privately published), book chapters and articles in journals earn credit in this category. Higher weight will be given to articles published in refereed and/or widely circulated journals and to lead authorship. No credit is given for unpublished research. Both number and quality of publications are considered in evaluating this category.

(3) In order that the Membership Committee may arrive at the correct decision, **detailed** comments must address the quality of nominee's accomplishments in the categories in paragraph 2c. At least three of the letters must be from Distinguished Fellows of the APA; however, letters from other individuals (other members or non-psychiatrists) are **strongly** encouraged. Letters that amplify and delineate the quality of each activity reported on the nomination form are crucial to the Committee in its evaluation of the nominee. Each person asked to comment on a nominee should have a copy of these guidelines. **All letters must be typewritten.**

(4) Nominations **must** be typed on the approved form supplied by the APA. **Space on the nomination form must be used first.** Attach addenda only if necessary. If nominee completes the form using the electronic template, please refer to “How to Use the Template” document that can be obtained from either the District Branch or the APA. Nominations **will be returned** if completed incorrectly. These forms can be completed by either the District Branch or the nominee. However, all nominations are the responsibility of the District Branch and nomination packets **must be submitted by a District Branch.**

(5) Curriculum vitae in lieu of, or as supplements to, completed nomination forms are not acceptable.

(6) Distinguished Fellows will be expected to maintain the dignity of their profession and the practice of medicine including all relevant ethical guidelines.

(7) The District Branch Distinguished Fellowship Chairperson shall forward nominations to the APA
Membership Committee by the 1st of July.

If a district branch submits a Distinguished Fellowship nomination to the APA Membership Committee while there are ethical issues pending, the Committee will disregard any information concerning the ethical matters, other than a formal request from the district branch to withdraw the nomination (12/89).

Following approval by the Board of the Membership Committee’s recommendations for Distinguished Fellowship, the new Distinguished Fellows are notified by the APA President and receive the Certificate of Distinguished Fellowship. New Distinguished Fellows are entitled to receive a medallion at the Convocation of Fellows at the annual meeting. Any member elected to Distinguished Fellowship, who has missed three convocations at which he/she was eligible to receive the medallion, will be referred to the district branch for appropriate presentation of medallion and recognition by the branch. Those nominees who were deferred receive a letter from the Chair of the Membership Committee indicating the reasons for deferral. It is the responsibility of the district branch to contact those who were not granted a waiver of either the two-year waiting period after deferral or of the eight-year General Member/Fellow requirement.

Members who feel unfairly treated by their district branch regarding the forwarding of their Distinguished Fellowship application may appeal. The appeals process is in Appendix K of this manual.

In recognition of the fact that Distinguished Fellowship is an honor conveyed upon members, the Ethics Committee reserves the right to recommend to the Membership Committee removal or suspension of a member’s Distinguished Fellowship for conduct which is at variance with The Principles of Medical Ethics with Annotations Especially Applicable to Psychiatry (as determined by the Ethics Committee). In the case of a Distinguished Fellow whose membership has been suspended, the Distinguished Fellowship will also be suspended for the same period of time and his or her membership class reverts to prior held status, such as General Member, until suspension is terminated. Distinguished Fellow status will automatically be restored upon completion of the suspension. In the case of expulsion, the Distinguished Fellowship would likewise be removed. In the event such an expelled individual resumes membership in the APA, she/he would follow usual procedure for reapplication for Distinguished Fellowship status (12/92, 5/93, 12/93).

4. Life Members, Life Fellows, Distinguished Life Fellows and Life Associate Members
Life Members, Life Fellows, Distinguished Life Fellows, and Life Association Members are those in their respective categories whose years of active membership in the Association plus age at the start of the fiscal year equal 95. A member receives two points toward Life status each year for age and for each year of active, dues paying membership. A member earns only one point (for age) when he/she is not an active member (12/95). Advancement to Life status shall be upon the Secretary’s certification that the member has met the foregoing criteria. An ethics investigation will not affect a member’s eligibility to transfer to Life status prior to resolution of the investigation (12/89). Life Members/Fellows/Distinguished Life Fellows/Associate Members who attained Life status prior to 1993 are exempt from both APA and district branch dues and assessments. Voters approved the amendment on the 1992 ballot that modifies the dues exempt characteristic of Life status. Beginning with the 1993 dues year, members who achieve Life status in 1993 and thereafter will be required to pay reduced dues for ten additional years. Life Members/Fellows/Distinguished Life Fellows/Associate Members will be billed two-thirds of the highest dues rate for the first five years after achieving Life status and one-third of the highest dues rate in the succeeding five years. Thereafter, Life Members/Fellows/Distinguished Life Fellows/Associate Members will be exempt from dues payment. Members who reach Life status in 1993 and thereafter may not be billed for district branch dues in excess of 2/3 of the district branch’s highest General Member rate for the first 5 years after reaching Life status and not more than 1/3 of the district branch’s highest General Member rate for the 6th through 10th year after reaching Life status. It is left to the discretion of the individual district branches whether or not members reaching Life status in 1993 and thereafter will be responsible for district branch dues. Life Members, Life Fellows, and Life Associate Members are recognized by the conferral of the appropriate certificate. Distinguished Life Fellows are recognized by the conferral of the appropriate certificate and medallion and are entitled to receive their medallion at the annual meeting Convocation of Fellows. Beginning in 1991, dues exempt members with Life status shall pay a reduced subscription rate for publications, should they desire to receive them.

5. Inactive Members/Fellows
A member in any category may apply for a transfer to the dues-exempt category of Inactive Member/Fellow status if unable to continue as an active member of the APA as a result of retirement, illness, or a similar hardship. Inactive
status is conferred by the Board of Trustees upon recommendation of the Membership Committee, usually when the member applies to APA for Inactive status, the district branch is contacted in order to obtain its recommendation. A member may apply for Temporary Inactive status when temporarily unable to continue as an active member. Temporary Inactive status is conferred by the Board of Trustees upon recommendation of the Membership Committee and is limited to the calendar year (January-December). (6/96) Members who transfer to Inactive status will be reviewed every five years to determine if continuation in that category is appropriate. This review will be conducted by the district branches; the Membership Department will provide rosters to the district branches of Inactive members requiring review.

Inactive status must be maintained in both the APA and the district branch and cannot be held in one and not the other. A General Member in the 7-step dues scale who moves to Inactive Status will return to the next higher level on the dues scale when transferring back to General Member status. For example, a GM Year 3 who transfers to Inactive status for two years returns as a GM Year 4, rather than a GM Year 6.

Inactive Members/Fellows do not receive the publications of the Association except by subscription, which are at a reduced rate, nor do they receive credit toward the 95 points necessary for achieving Life status.

Appendix K of this manual provides the criteria used by the Membership Committee (approved 12/92) in determining eligibility for Permanent/Temporary Inactive status.

6. Fifty-Year Life Members/Life Fellows/Distinguished Life Fellows
Fifty-Year Life Members/Life Fellows/Distinguished Life Fellows shall be those who have had fifty years of membership in the Association. The designation does not constitute a separate member class, but such members are recognized by the conferral of the appropriate medallion and certificate, and are invited to attend the Convocation of Distinguished Fellows.

F. Membership Actions
All joint membership actions, other than waiver of dues, shall become effective simultaneously in both the APA and the district branches, as of a date defined by APA Central Office for implementation of the action.

1. District Branch Transfers
The Automatic Transfer Process is triggered when the member’s address is changed in the membership data base. The member is notified that his/her DB affiliation will be automatically changed. If he/she is eligible to continue membership in the current or “old” district branch, the member is given the option to stop the automatic process. A member is not required to transfer if he/she is retired, lives in an area other than where he/she practices, or is a member of the Society of Uniformed Services Psychiatrists.

(1) The APA is notified of a member’s address change either by the member (phone call or written notification), the District Branch, or by returned mail.
(2) APA staff updates address and other contact information in the membership database.
(3) APA staff creates a tracking record in the member’s record, which flags the record to be pulled for future mailings about DB transfer process.
(4) APA Membership staff runs a report of those records flagged for DB transfer on a bi-weekly basis.
(5) APA Membership staff sends letter via email to member notifying him/her that his/her membership will be automatically transferred unless the member notifies APA that he/she is not required to transfer (i.e., for valid reason, such as retirement). Letters will vary based on the following:
  • Member has paid national and local dues (and belongs to a DB on centralized billing).
  • Member has not paid either national or local dues (and belongs to a DB on centralized billing); invoice for the amount due is also sent.
  • Member belongs to a DB that is not on centralized billing. If dues are owed to the DB, the DB will notify the member.
  • Member is a Member-at-Large who moved into the jurisdiction of a District Branch.
(6) Both District Branches are copied on the email notifications (names also appear on Membership Activity Report).
(7) The member and both DBs are given 45 days in which to respond, before the transfer is completed.
(8) If the member owes dues to the old/current DB, he/she is given 45 days in which to pay or risk being dropped at the next scheduled Board of Trustees meeting.
(9) During the 45-day waiting period, APA membership staff verifies licensure by checking the websites in the member’s new location. If unable to verify licensure in the new state, APA Membership staff verifies licensure in the member’s previous location. If still unable to verify licensure, APA staff contacts member to obtain the information.

(10) During this 45-day period, the new DB may also verify the member’s licensure information. If the DB identifies valid reasons to delay the member’s transfer into their branch, both the member and APA must be notified in writing before the end of the 45-day period. The DB can delay the transfer for a maximum of an additional 90 days while collecting information (for other sources, not from the member), at which time the DB must provide a final decision in writing to the member and APA. If the DB denies the transfer, the member may appeal to the Assembly and Recorder. The guidelines for appeal can be found in the APA Operations Manual, Chapter Five, Section C.1-4.

(The DB cannot delay the transfer because the member did not provide information specifically required by the DB. Through the Automatic Transfer Process, the member is not required to provide any information, unless licensure information cannot be verified by staff. If biographical or other directory information is needed, it should be obtained after the transfer has been completed.)

(11) APA Membership staff will complete the transfer process and update the membership database with the new DB information if the following conditions have been met after the 45-day waiting period:
- The member does not notify APA that he/she is exempt from the Automatic Transfer Process;
- Neither DB notifies APA about existing ethics issues;
- Dues have been paid to or waived by the old DB.

(12) APA membership staff sends final letter via email to member confirming the automatic transfer is complete and provides contact information for the new branch.

(13) Both district branches are copied on the email notifications (names and final action are also on Membership Activity Report).

A transfer from one district branch to another will be delayed until resolution of any charge of unethical conduct.

Retired members are not required to transfer district branch membership if they move; they may remain members of the branch with which they had been associated.

2. Dues Billing and Waivers

A member holds the same member class status in both the district branch and the APA. This relates specifically to dues and assessment payments in that, according to the Bylaws 2.7, dues and assessments may be billed only to those members in dues-paying member classes: Resident-Fellow Members, General Members, Associate Members, Fellows, Distinguished Fellows, and Life Members/Fellows/Distinguished Life Fellows/Associates as of 1/93 and thereafter. Members can only be billed at the dues rate that is appropriate for their current member class, unless some type of dues relief has been granted. New and reinstating members are billed membership dues on a quarterly basis. Enrollments and reinstates in the month of December are billed effective the following January 1st. All billing adjustments for member class changes become effective January 1st of the following year. Members in member categories other than those noted above are non-dues paying and will not be billed for either APA or district branch dues and assessments.

The APA and the district branch may act independently of each other only with respect to dues waivers. Requests for dues relief should be submitted in writing, preferably on an APA Dues Relief Request Form. Requests for waiver of APA dues are granted on the recommendation of the Membership Committee to the Board, usually in instances where the member’s need is temporary. There will be a time limit of two consecutive years for dues relief unless extenuating circumstances exist. Members who petition for relief must provide supporting documentation as feasible. This policy went into effect on January 1, 1997. Members who have been granted dues relief prior to that date will not have those years of relief counted toward the limit of two consecutive years. (12/96) The district branch is required to submit its recommendation. The Membership Committee (10/93) decided that if a recommendation is not forthcoming within four months, or if the member declines to involve the district branch, the committee or the Director of the Membership Department, in consultation with one or more members of the committee, will make a decision regarding APA dues so that the member’s request is considered in a timely manner.

Waiver of national dues does not affect branch dues; conversely, a waiver of branch dues does not affect national dues obligations. Members who have been granted waiver of dues by the Board will receive credit toward the 95 points Life status formula for the year(s) the member is granted a dues waiver.
Appendix K-4 of this manual provides the criteria used by the Membership Committee in determining eligibility for dues relief.

Membership dues are non-refundable unless an exemption is approved by the Membership Committee. Dues are refunded, on request, to the survivors or estate of a deceased member.

At the recommendation of the APA Budget Committee (now the Finance and Budget Committee) and the Ad Hoc Committee on Membership and Fiscal Policies, the Board of Trustees voted during its June 1991 meeting to establish a program whereby General Members or Fellows, Life Members or Life Fellows may pay a non-refundable "lump-sum" to the Association and be free of further annual national APA dues or assessments. Members who pay a lump sum are still responsible for District Branch dues, if applicable. Lump sum rates can be found in Appendix K-3.

The Board approved (12/92) inclusion of check-offs on the dues billing statement (to facilitate members' contributions to worthy causes). The Membership Committee will act as coordinator of these requests and, following initial consideration, will forward such requests to the Board of Trustees for final action. It is understood that the amounts "checked off" constitute an additional contribution and not a decrease in the amount of dues billed. The Board of Trustees must grant approval at their June meeting, or earlier, if a check-off is to be included for the following year's billing cycle. The 1994 dues billing statement was the first that carried check-offs, which included the American Psychiatric Foundation (APAF). Subscribing to Psychiatric Services was already an option. The 2000 dues billing statement included the Elsa Barton Scholarship, Fund for Parity, as well as the Foundation and Psychiatric Services.

Local leadership is encouraged to demonstrate particular sensitivity to the concerns of their members with respect to membership dues. If a district branch dues increase in excess of 25 percent is contemplated, the district branch should consider submitting the proposed increase to the district branch membership for approval (12/85).

3. Centralized Dues Billing Service

For those district branches who choose to participate in the service, members are billed by APA Central Office for national dues, district branch dues, area dues and assessments. Services include the following: a) a minimum of six billings per year; b) monthly checks or electronic funds transfers (EFTs) to the district branches covering dues collected in the preceding month; c) monthly alphabetical roster of members who paid in the preceding month; d) monthly summary of dues collected in the preceding month, by dues item (district branch dues, area dues, and assessment) and by member class; e) monthly year-to-date receivables report, which summarizes the members' financial status; and f) lists of members who have not yet paid district branch dues. Members with an outstanding district branch balance continue to be billed, even when APA national dues are paid in full.

There is no charge for this service. The service utilizes existing facilities such as the APA's membership database and in-house computer equipment that are used for billing for national dues. The monthly reports enhance the ability to keep Central Office and district branch records congruent and up-to-date. Participation in the service places no restriction on the branch's prerogative to establish their own dues rates, to grant waivers, etc. A signed service contract is required annually.

G. Forfeiture of APA Membership

Resignation or loss of membership in the APA or in the member's branch shall entail loss of membership in both. Members whose membership has been terminated by the District Branch will be immediately removed from the APA and District Branch rolls, upon receipt of notification by APA. Final approval will be granted by the Board of Trustees at its next meeting.

1. Nonpayment of Dues

Any dues paying member who fails to pay all dues and assessments levied by APA and the district branch by March 31st of the year for which he/she is billed will forfeit his/her membership on March 31st.

If a member fails to pay APA membership dues while an ethics investigation is being conducted, the member's district branch may request that the dropping action be delayed pending resolution of the ethics investigation. The district branch must submit a written request to the APA Membership Department (12/89). If, however, an unresolved ethical complaint still exists at the time of the dropping action, it will be noted on the member's record, and the member will be advised that the complaint must be resolved prior to readmission to membership.
As endorsed by the Assembly, district branches must follow the existing procedure of the Membership Committee and the Board to drop members who have not paid their dues (or applied for exemption). District branches are encouraged to initiate efforts to retain such members (as does the Central Office) during that year of arrearage. The district branch should not officially drop such members until the Board of Trustees takes action. Area Councils are encouraged to develop a procedure that does not charge district branches for members who have not paid their local dues.

2. **Nonpayment of Lump Sum Balance**
   Members who join the Lump Sum Program and do not pay the final balance will be informed that the initial payment will be applied to dues owed to date (based on the date the member joined the program) and will be pro-rated for future years dues if there is an excess balance. If final payment to continue participation in the Lump Sum Program is not received, the member will be dropped from the rolls.

3. **Failure to Advance**
   Failure to provide verification of General Member status by Resident-Fellow Member within one year following completion of residency training will result in forfeiture of APA and district branch membership (see page 5.7, E.2). Resident-Fellow Member status shall not exceed nine years for those in advanced training. Resident-Fellow Members who have reached the time limit specified in the Bylaws, but who are ineligible for other categories of membership, will be dropped from the rolls as initiated by either APA or the district branch.

4. **Failure to Remain in Medical School or Psychiatric Residency Program**
   Medical Student Members who do not remain in medical school will be dropped from the rolls. Resident-Fellow Members enrolled in approved psychiatric residency training programs who do not remain enrolled therein, will be dropped from the rolls as initiated by either APA or the district branch.

5. **Resignations**
   Any member who wishes to resign may do so at any time. Such requests must be made in writing. Following reasonable attempts to determine whether resignation is the member’s true intent, the request is handled administratively by the CEO/Medical Director. Members who resign and then apply for reinstatement at a later date are responsible for all past national and district branch dues/assessments owed at time of resignation.

   Resignations from membership shall routinely be accepted by the Board. If an unresolved ethical complaint exists, it will be noted on the member’s record, and the member will be advised that the complaint must be resolved prior to readmission to membership. (See *Principles of Medical Ethics with Annotations Especially Applicable to Psychiatry*, and "Procedures for Handling Complaints of Unethical Conduct"). Resignations while an ethics investigation is pending shall be reported in *Psychiatric News*.

6. **Licensure**
   If a state licensing board rescinds or revokes a member’s license to practice medicine because of unethical conduct or unethical practice for cause, the member loses his/her membership in APA no matter what his/her membership status may be at the time.

7. **Voluntary Surrendering (FOR CAUSE)**
   If a member voluntarily surrenders his/her sole license for cause (i.e., after an ethical complaint is filed and not resolved, while an ethical complaint is pending, or after a finding of unethical conduct), the member loses his/her membership in APA regardless of what his/her membership status may be at that time. Voluntary surrender of license for cause will not trigger an investigation by the district branch. If the former member’s license is returned or a new license is issued, the former member must apply for reinstatement as outlined in item "H" below. If an unresolved ethical complaint exists, it will be noted on the member’s record, and the member will be advised that the complaint must be resolved prior to readmission to membership. (See *Principles of Medical Ethics with Annotations Especially Applicable to Psychiatry*, and "Procedures for Handling Complaints of Unethical Conduct").

   Members who are fully retired from practice are exempt from the need to hold a valid medical license (12/88).

   When a member has had a license suspended or revoked because of physical or mental illness or substance abuse, he/she will not automatically be dropped from membership in the APA, and instead may be placed on Inactive status
until recovery. This will be handled administratively in the APA Central Office, with concurrence of the district branch, the Chair of the APA Membership Committee, and the APA Ethics Committee.

8. Sanctions for Unethical Conduct that Affect Membership Status

a. Suspension of APA Membership
A member, suspended by action of the district branch after review by the APA Ethics Committee, will lose the privileges cited in the Bylaws (i.e., 2.7, 3.2, 7.1, and 8.4). A suspended member will lose the right to vote, to nominate candidates for office, to propose referenda and amendments to the Bylaws, and to serve on components. He/she may not hold elected office and may not initiate referenda to change actions of the Board of Trustees. The suspended member shall pay dues and assessments and is eligible for other benefits of membership. Each district branch shall decide which, if any, district branch privileges and benefits shall be denied during the period of suspension. In the case of a Fellow whose membership has been suspended, the Fellowship will also be suspended for the same period of time. Fellow status will automatically be restored upon completion of the suspension. (For further details, see Principles of Medical Ethics with Annotations Especially Applicable to Psychiatry, and "Procedures for Handling Complaints of Unethical Conduct").

b. Expulsion from APA Membership
A member may be expelled from APA and the district branch for unethical behavior. Any decision to expel a member must be approved by a two-thirds affirmative vote of all members of the Board present and voting. The name of a member who is expelled for an ethics violation will be reported to the membership with specification of the violation found. In the case of a Distinguished Fellow whose membership has been expelled, the Distinguished Fellowship would be removed. In addition, a press release will be sent to media in the area where the expelled member lives. In the event such an expelled individual resumes membership in the APA she/he would follow usual procedure for reapplication for Distinguished Fellowship status. (For further details, see Principles of Medical Ethics with Annotations Especially Applicable to Psychiatry, and "Procedures for Handling Complaints of Unethical Conduct").

H. Membership Reinstatement Process and Procedures
Former members who apply for reinstatement are responsible for all past national and district branch dues/assessments. All financial obligations must be fulfilled prior to reinstatement of membership, unless exemption has been granted. When a former member wishes to reinstate, back dues will be prorated based on the date the request was received for a member who resigned and on the termination date for a member who was dropped [6/97]. This obligation includes any dues/assessments owed to the member’s former district branch, unless the branch agrees to waive those dues, and any other financial obligations such as replacement cost for overdue books from the APA library.

The Board of Trustees empowered the district branches with the authority to decide whether or not to offer dues amnesty to their former members, with the understanding that APA will also offer amnesty of APA dues to former members only within those district branches offering amnesty, and with the further understanding that the reinstating members will pay dues in advance for the year in which they are reinstating. The following general guidelines apply:

- reinstating members must have been dropped or resigned from membership one or more years prior to reinstatement.
- reinstating members must pay for the current dues year in advance, pro-rated based on reinstatement date.
- not applicable to anyone who has received amnesty in the past.

I. Continuing Education Requirements

The American Psychiatric Association supports continuing medical education as a necessary part of every member’s professional activities. The Association’s expectation is that members will be actively engaged in lifelong learning in order to provide the best possible care to their patients, and also to meet state, hospital, and Board requirements.

The APA encourages its members to become Board-Certified in Psychiatry and/or its Subspecialties. The American Board of Psychiatry and Neurology (ABPN) program for Maintenance of Certification™ (MOC) requires applicants to fulfill four requirements:

Evidence of professional standing; Evidence of lifelong learning and periodic self-assessment; Evidence of cognitive expertise; and Evidence of evaluation of practice performance. In cases where APA members are grandfathered out of the
recertification process they are expected to follow the general ABPN guidelines for MOC, seeking out CME programs that support self-assessment and specialty-specific content as well as activities that offer opportunities for performance improvement in practice.

The Association also supports member education in the Core Competencies as defined by the Accreditation Council of Graduate Medical Education (ACGME) and the American Board of Medical Specialties (ABMS). Training and testing in the basic six competencies begins with residency programs and is expected to continue through a psychiatrist’s lifetime with ongoing educational programs. The Core Competencies include Patient Care, Medical Knowledge, Interpersonal and Communications Skills, Practice-Based Learning and Improvement, Professionalism, and Systems-Based Practice.

APA continuing medical education activities include a variety of formats for lifelong learning, which incorporate the fundamental elements of Core Competencies and Maintenance of Certification. The ABPN content outline for recertification also provides an important guide for APA educational activities to ensure they support the breadth and depth of learning required by psychiatrists in their current medical environment. FOCUS: The Journal of Lifelong Learning in Psychiatry” and the APA Practice Guidelines programs, in particular, incorporate most of these basic educational elements.
CHAPTER SIX: APA ANNUAL AND OTHER MEETINGS
(U.S.A. and International)

This chapter includes information about APA Annual Meetings, the annual Institute on Psychiatric Services (now known as IPS: The Mental Health Services Conference (IPS), combined meetings with other organizations, and guidelines for combined meetings with international psychiatric associations. (See APA Standard Definitions and Language in the front of the manual.)

A. APA Annual Meetings

Authority: Bylaws Chapter Nine states that there shall be an annual meeting of the members of the Association, including a Business Meeting, held at a place and time determined by the Board. Bylaws 9.2 stipulates that the President shall convene a business meeting composed of two consecutive sessions: (1) a presentation of a report of the actions of the Board and the reports of the Speaker and Speaker-elect of the Assembly, the CEO/Medical Director, the Treasurer, and the chairpersons of the councils and standing committees, and (2) an annual forum for all voting members. Only voting members may attend this business meeting.

1. History
   The Association was organized at a general meeting in Philadelphia in 1844. The next general meeting was called in 1846. The third meeting, in New York City in 1848, was the first of the Annual Meetings which have been held every year, except in 1861 and 1945 because of the exigencies of war.

2. Official Functions
   The APA Annual Meeting includes an Annual Business Meeting, an Annual Forum, the scientific program, meetings of the Board and Assembly, and meetings of some councils and components of the APA. Functions include an Opening Session with the Presidential Address and President-elect’s Response, and the Convocation of Distinguished Fellows.

3. Call to the Annual Meeting

4. Location of the Annual Meeting
   The Board of Trustees decides where the Annual Meeting is to be held. In June 2002 and March 2008, the Board of Trustees approved the following cities as future meeting locations:

<table>
<thead>
<tr>
<th>East:</th>
<th>Boston, MA</th>
<th>New York, NY</th>
<th>Philadelphia, PA</th>
<th>Washington, DC</th>
</tr>
</thead>
<tbody>
<tr>
<td>West:</td>
<td>Honolulu, HI</td>
<td>San Diego, CA</td>
<td>San Francisco, CA</td>
<td></td>
</tr>
<tr>
<td>South:</td>
<td>Atlanta, GA</td>
<td>New Orleans, LA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>North:</td>
<td>Toronto, Canada</td>
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   The Annual Meeting will not be booked to begin earlier than the last weekend of April and end no later than June 1 and may not be held over Mother’s Day or Shavuot.

   In June 1991, the Board of Trustees approved the following policy regarding site selection: (a) APA will consider in its selection of meeting sites any significant conflict between a state’s laws or policies and corresponding policies of APA; (b) APA policy positions will be weighed in making these decisions; and (c) if APA decides to meet in a restrictive state, the APA will consider constructive ways to educate the public and to advocate for APA’s position during the meeting. Within these guidelines, the CEO/Medical Director is responsible for specific site selection based on the recommendations of the Chief Operating Officer and the Director of the Meetings and Conventions Department after consultation with the Chief of Policy Programs, and Partnerships and the Director of the Division of Education.

5. Annual Business Meeting
   a. Presiding Officer
      The APA President
   b. Order of Business
      Call to order, Memorial to Deceased Members and Fellows, Announcement of Election of Officers and Trustees (Tellers Committee); Reports to the Membership (Treasurer, Speaker, Speaker-elect, CEO/Medical Director,
Chairperson, Committee on Bylaws, Chairperson, Elections Committee, and Chairperson, Membership Committee; Reports from the Councils (council chairs or alternates provide written reports, but do not address the meeting unless there are questions from the audience); Special Acknowledgments and Presentations; and Adjournment.

6. **Annual Forum**
   The Annual Forum is held after the conclusion of the first session of the Business Meeting, at a reasonable point within the time allotted for the Business Meeting as a whole.

7. **Scientific Program**
   As reflected in its charge (see Appendix D of the Operations Manual, "Councils"), the Annual Meeting Scientific Program Committee within the Council on Medical Education and Lifelong Learning has the responsibility for selection of the topics and sessions to be included in the program. In most instances, the Committee selects a chairperson and co-chairperson to preside at most sessions. Subcommittees of the Scientific Program Committee have responsibility for various aspects of the program such as workshops, and Courses.

8. **Awards**
   Awards presented at the Annual Meeting are given according to rules stipulated for them in Appendix G, "Awards of the American Psychiatric Association and the American Psychiatric Association Foundation," and various other sections of the Operations Manual.

9. **Special Activities**
   Traditionally, the Annual Meeting is a time to meet friends, renew acquaintances, and be convivial. Various groups hold many parties and receptions by arrangement with the APA Meetings and Conventions Department.

10. **Press and Public Relations**
    The Division of Communications and Public Affairs (DCPA) promotes the Annual Meeting through a series of news releases leading up to the meeting, onsite media briefings including a new research press conference, and social media activities. DCPA manages the Annual Meeting News Room to serve media covering the meeting and coordinate interviews with leadership and members. APA TV, the daily Annual Meeting highlights video seen on screens throughout the convention center and on local hotel channels during the meeting, is produced by DCPA and video production vendor (APA TV is sponsored by academic institutions secured by vendor). DCPA is responsible for the *Daily Bulletin*, the Annual Meeting newspaper created in conjunction with a publishing company selected by DCPA. DCPA also oversees the Annual Meeting mobile app and works with Scientific Program Office and Information Services and Strategies to develop data content (Advertising in the *Daily Bulletin* and event app is managed by APAF staff).

11. **Financing the Annual Meeting**
    A separate account is maintained from year to year into which are paid fees for registration and Courses; rental of exhibit space; administrative fees received from supporters of product theaters and Therapeutic Updates; and income from the sale of the *Exhibits Guide* advertising, commercially-supported products, etc., and out of which all expenses are paid. From time to time the Board of Trustees approves changes in the fees for registration and Courses to cover the cost of the Annual Meeting, which is intended to be self-supporting.

    All fees related to the Annual Meeting, including registration, and CME Activities are the responsibility of the Finance and Budget Committee.

12. **Reimbursement for Attendance**
    No officer, trustee, component member, or other APA member is reimbursed for expenses in attending the Annual Meeting. All staff members authorized to attend are reimbursed on the basis of expenses actually incurred. Nonmember special lecturers or participants invited by the Scientific Program Committee may be reimbursed or given an honorarium or both. (See also Sections C & D of this chapter.)

13. **Staff Support and Member Committees Involved**
    The Scientific Program Committee of the Annual Meeting within the Council on Medical Education and Lifelong Learning is the member component involved. Under the direction of the Chief of Policy, Programs, and Partnerships, the APA Division of Education has responsibility for the preparation and content of the Annual Meeting. Under the
direction of the Chief Operating Officer, the APA Meetings and Conventions Department is responsible for all logistical arrangements and staff support for exhibit sales/management, registration, and housing. Other APA staff perform duties related to their function as a whole and are called upon to perform other duties as assigned in conjunction with the Annual Meeting, including an information center and APA Member Center.

14. Proceedings
Reports of sessions appear throughout the year in the Psychiatric News, the American Journal of Psychiatry, and a Syllabus is available at the meeting.

15. Allied Professional Meetings
Other organizations hold meetings in conjunction with the APA Annual Meetings. They are responsible for making and financing their own activities, but most work with the APA Meetings and Conventions Department to obtain space, for which there is an administrative fee charged. These meetings may not take place during the Opening Session or Convocation of Distinguished Fellows.

16. Annual Institute on Psychiatric Services (IPS) – History
Dr. Daniel Blain, APA's first Medical Director, by authority of the Council (now the Board of Trustees), established and convened the first Institute (then known as the Mental Hospital Institute and later known as the Institute on Hospital and Community Psychiatry) from April 11 to 15, 1949, at the Institute of the Pennsylvania Hospital in Philadelphia. The name was changed in 1994 to the Institute on Psychiatric Services.

17. Official Functions
The IPS includes the scientific program, and meetings of some councils and components of the APA. Functions include an Opening Session with the Keynote Address.

18. The Preliminary Program
The Preliminary Program, including advance registration, and housing and other program information, for the Institute is posted on the APA website in June.

19. Location of the Institute
Customarily, suitable locations are obtained by the APA Meetings and Conventions Department more than five years in advance. Efforts are made to vary the location geographically insofar as possible on a rotation (i.e., East Coast, West Coast, Mid-West), within U.S. cities with a proven attendance.

In June 1991, the Board of Trustees approved the following policy regarding site selection: (a) APA will consider in its selection of meeting sites any significant conflict between a state's laws or policies and corresponding policies of APA; (b) APA policy positions will be weighed in making these decisions; and (c) if APA decides to meet in a restrictive state, the APA will consider constructive ways to educate the public and to advocate for APA's position during the meeting. Within these guidelines, the CEO/Medical Director is responsible for specific site selection, based on the recommendations of the Chief Operating Officer and the Director of the Meetings and Conventions Department after consultation with the Chief of Policy Programs, and Partnerships and the Director of the Division of Education.

20. Program/Participants
The IPS is held each fall in a different geographic area from where the Annual Meeting is held that year. It is a three and one-half-day, interdisciplinary forum that is open to all APA members and other mental health professionals. The program often centers around a main theme that is developed by the chairperson of Scientific Program Committee of the Institute and reflected through lectures by leading experts in the field, full-day sessions, lectures, workshops, symposia, poster sessions, and other formats where there are opportunities to discuss problems, programs and trends. Participants include senior staff from psychiatric facilities and agencies across the United States, Canada, and other countries.

21. Scientific Program
As reflected in its charge (see Appendix D of this manual, "Councils and Their Components"), the Scientific Program Committee of the IPS within the Council on Medical Education and Lifelong Learning has the responsibility for selection of the topics and sessions to be included in the program. In most instances, the Committee selects a chairperson and co-chairperson to preside at most sessions.
22. Awards
The following awards are presented at the Institute in accordance with the rules stipulated for them in Appendix G, “Awards of the American Psychiatric Association,” and various other sections of this manual:
- The Psychiatric Services Achievement Awards
- The Frank J. Menaloscino Award

23. Financing the Institute
A separate account is maintained from year to year into which are paid fees for registration and rental of exhibit space, out of which all expenses are paid. From time to time the Board of Trustees approves changes in the fees for registration to cover the costs of the IPS, which is intended to be self-supporting.

Fees such as for registration, which are related to the IPS (other than commercially-supported activities), are the responsibility of the Finance and Budget Committee.

24. Reimbursement for Attendance
No officer, trustee, component member, or other APA member is reimbursed for expenses in attending the Institute. All staff members authorized to attend are reimbursed on the basis of expenses actually incurred. Nonmember special lecturers or participants invited by the Scientific Program Committee of the IPS may be reimbursed or given an honorarium or both. (See also Sections C & D of this chapter.)

25. Staff Support and Member Components Involved
The Scientific Program Committee of the IPS within the Council on Medical Education and Lifelong Learning is the member component involved.

Under the direction of the Chief of Policy, Programs, and Partnerships, the APA Division of Education has primary responsibility for the preparation and content of the Institute. Under the direction of the Chief Operating Officer, the APA Meetings and Conventions Department is responsible for all logistical arrangements and staff support for exhibit sales/management, registration, and housing. Other APA staff perform duties related to their function as a whole and are called upon to perform other duties as assigned in conjunction with the Institute, including the APA Member Center.

26. Proceedings
A *Syllabus* is available onsite.

27. Allied Professional Meetings
Space is provided without charge to representatives of various disciplines wishing to hold annual and/or program meetings. Requests are received and space assignments are made by the Meetings and Conventions Department. The organizations themselves are then responsible for the planning, conduct, and financing of their meetings.

B. Policy Regarding Waiver of Registration Fees for Members of the Annual Meeting and Institute Scientific Program Committees
Due to the work they must perform before and during the meetings, registration fees are waived for members of the Annual Meeting and IPS Scientific Program Committees.

C. Co-sponsorship of Combined Meetings with Other Organizations

In June 1979, the Board of Trustees affirmed the policy that APA will not cosponsor meetings unless the APA is actively involved in the planning process; such co-sponsorship is usually limited to meetings of related organizations. In stating this policy, the Board authorized staff to decline invitations in the future if they did not comply with the APA policy, without bringing the request to the Board. (See APA Standard Definitions and Language in the front of the manual.)

D. Guidelines for Meetings with International Psychiatric Associations

(1) Meetings held with international psychiatric associations should have explicit professional and educational objectives that will facilitate understanding and mutual collaboration in efforts to improve psychiatric education, psychiatric research, or diagnosis and treatment of and the provision of services to persons with mental disorders. Consideration should be given to the importance of learning from our international colleagues their specific approaches to the
treatment of the mentally ill and how they relate to the social, economic, and political parameters of their unique context. Continuing medical education credit will be provided for these meetings on a case-by-case basis through joint sponsorship with the APA.

(2) Costs must be considered in advance, and, at the minimum, these meetings should be at no cost to the APA. All expenses should be offset by registration fees and outside income. Staff will negotiate all registration fees with input from the task force organizing the meeting. If participants from the host country for any reason do not pay registration fees, the host country will be responsible for providing at their expense the meeting rooms and/or some social events, i.e. reception, dinner, etc. for all participants.

(3) First priority for meetings held with international psychiatric associations should be given to those countries that have requested a meeting in their location.

(4) These meetings must be planned as far in advance as feasible to provide for systematic investigation of the proposed site, including political consideration, climate, safety of the participants, etc. There will be a minimum of two years planning time.

(5) Assurance should be made that there are enough psychiatrists in the host country to assist in organizing the meeting and that these psychiatrists are equipped to host a meeting of this sort.

(6) Assurance should be made that no members or staff of the APA will suffer discrimination or lack of respect in the host country.

(7) Initial requests for such meetings will be sent to the Council on Medical Education and Lifelong Learning. The Meetings and Conventions Department will be consulted in the early stages of negotiation as to the feasibility of logistical arrangements and travel associated with the meeting. All contracts are subject to the Association’s Contract and Procurement Policy.

(8) The Meetings and Conventions Department will provide cost estimates. After this information is accumulated, the Council on Medical Education and Lifelong Learning will discuss the invitation and, if deemed appropriate, will make a recommendation to the Joint Reference Committee and the Board of Trustees that the meeting be held in a certain location and at a certain time. (Representation from the Council is to be involved in the consideration & planning of international conferences, congresses, & delegations of the APA.) If approved by the Board of Trustees, staff will notify the appropriate individuals in the other country and an APA task force will be appointed to work with colleagues in the other country to organize the meeting. Staff support for the task force will be provided by the pertinent central office staff and the Meetings and Conventions Department.

(See APA Standard Definitions and Language in the front of the manual.)
CHAPTER SEVEN: PUBLISHING

The APA's periodicals play a key role in publishing the best science and serve as flagships for the organization. In order to ensure the highest level of scientific integrity and editorial quality, publications must maintain their editorial independence with respect to content, the peer review process, and decisions to publish. Questions concerning publishing should be directed to the Publisher.

A. Publications of the APA

1. American Journal of Psychiatry (AJP)

<table>
<thead>
<tr>
<th>Functions</th>
<th>The official publication of the APA, AJP is a scientific publication that publishes peer-reviewed research that explores the full spectrum of issues related to mental health diagnoses and treatment. Original articles include new developments in diagnosis, treatment, neuroscience, and patient populations. AJP also publishes APA official actions, but the content of the journal does not necessarily represent the official point of view of the association.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Method of Selecting Content</td>
<td>The selection of all content published in the journal is the responsibility of the Editor. The Editorial Board and selected peer reviewers advise the Editor concerning the merits of papers submitted. The Editor, the Editorial Director, and staff are responsible for editing and production of the journal.</td>
</tr>
<tr>
<td>The Editor</td>
<td>The Editor is appointed by the Board of Trustees by the process outlined below (&quot;Editor Appointment Process&quot;) for a 3-year introductory term, which may be followed by a 5-year term, renewable once, for a total of 13 years. At the end of each term, the editor’s performance is evaluated by the Board of Trustees.</td>
</tr>
<tr>
<td>Deputy Editors</td>
<td>Deputy Editors are nominated by the Editor and approved by the Board of Trustees. Once approved they serve annual calendar-year terms renewable at the discretion of the Editor. Once the Editor’s final term ends, so do the terms of all Deputy Editors. Should the subsequent Editor wish to have a Deputy Editor continue serving in that capacity, APA Board approval would be required for this re-appointment.</td>
</tr>
<tr>
<td>Associate Editors</td>
<td>Associate Editors (Editorial Board Members) are appointed for a term of 4 years and may be appointed for one additional 4-year term, after which time 2 years must elapse before being reappointed. The terms of Associate Editors begin and end at the calendar year. The appointments are nominated by the Editor and approved by the APA Board of Trustees.</td>
</tr>
<tr>
<td>Editorial Board</td>
<td>The Editorial Board’s primary task is to advise the Editor on matters pertaining to editorial context (areas of interest, specific articles and authors, and special sections), journal format, and future directions. Editorial Board members are expected to serve as reviewers and to perform other reviewing activities as assigned.</td>
</tr>
<tr>
<td>Advertising</td>
<td>The Journal accepts advertisements based on the APA &quot;Principles and Guidelines of Advertising Acceptance&quot; as a guide. Ads are subject to editorial approval.</td>
</tr>
<tr>
<td>Circulation</td>
<td>Resident-Fellow Members, General Members, Fellows, and Life Members/Fellows (since 1/1/93) of the Association receive the journal as part of their membership dues (Life Associates/Members/Fellows achieving this status prior to 1/1/93 must subscribe). International Members receive an online subscription. The journal is available as a paid print and online subscription for individuals or institutions.</td>
</tr>
</tbody>
</table>

2. Psychiatric Services

| Functions | Psychiatric Services provides research reports on issues related to the delivery of mental health services, especially patient-centered, recovery-oriented care and dissemination of evidence-based practices. The journal has a strong clinical focus but also offers in-depth coverage of administrative, economic, and public policy issues. |
Method of Selecting Papers

The selection of all content published in the journal is the responsibility of the Editor. Articles in the main section of the journal are peer reviewed, and articles in columns are selected and reviewed by column editors. The Editor, Managing Editor, and staff are responsible for editing and production of the journal.

The Editor

The Editor is appointed by the APA Board of Trustees by the process outlined below (“Editor Appointment Process”) for a 3-year introductory term, which may be followed by a 5-year term, renewable once, for a total of 13 years. At the end of each term, the editor’s performance is evaluated by the Board of Trustees.

The Editorial Board

The Editorial Board’s primary task is to advise the Editor on matters pertaining to editorial context (areas of interest, specific articles and authors, and special sections), journal format, and future directions. Editorial Board members are expected to serve as reviewers and to perform other reviewing activities as assigned. Editorial Board members are appointed for a term of 4 years and may be appointed for one additional 4-year term, after which time 2 years must elapse before being reappointed. The appointments are nominated by the Editor and approved by the APA Board of Trustees.

Advertising

The journal accepts advertisements based on the APA “Principles and Guidelines of Advertising Acceptance” as a guide. Ads are subject to editorial approval.

Circulation

The journal is available online as a member benefit to Resident-Fellow Members and as a paid subscription to members at a member discount. The journal is available as a paid print and online subscription for individuals and institutions.

3. Psychiatric News

Functions

This news publication is the principal and official means of communication about association policies, politics, and legislative and judicial issues affecting psychiatry as well as the actions and policies of APA. It also serves as a source of clinical and research news and information of interest to psychiatrists. News reports, commentaries, editorials in Psychiatric News do not reflect official policies of APA unless the text of the report specifically so indicates.

Method of Selecting Content

The selection of all content published in Psychiatric News is the responsibility of the Editor. Letters to the Editor and other columns that reflect the interests of APA members are regularly included in Psychiatric News. Staff members generally write news articles, and columns are often written by APA members, either as individuals or as representatives of APA components. APA presidents are invited to write a bylined column for each issue during their terms of office. Coverage of the APA election is detailed in “Election Procedures and Guidelines.” The Editor, the Executive Editor, and staff are responsible for editing and production of Psychiatric News.

The Editor

The Editor is appointed by the Board of Trustees by the process outlined below (“Editor Appointment Process”) for a 3-year introductory term, which may be followed by a 5-year term, renewable once, for a total of 13 years. At the end of each term, the editor’s performance is evaluated by the APA Board of Trustees.

The Editorial Board

The Psychiatric News Editorial Advisory Board (EAB) is composed of up to 6 APA members recommended by the Editor and approved by the APA Board of Trustees. Two additional non-APA member experts in journalism/publishing may serve as consultants to the EAB at the discretion of the editor. The term of membership is 3 years for APA members, renewable once; there is no fixed term for lay member consultants.

Advertising

The Editor and Executive Editor have responsibility for formulating and implementing policies affected these functions. Advertisements are accepted in accordance with APA’s “Principles and Guidelines of Advertising Acceptance”, subject to review and final decision for acceptance by the Executive Editor.

Circulation

Psychiatric News is provided as a benefit to membership to all APA members in the U.S. and Canada. It is available for a fee to international members, and paid subscriptions are available to nonmembers. Online access on PsychiatryOnline is free.
4. **APA Books**

<table>
<thead>
<tr>
<th><strong>Functions</strong></th>
<th>American Psychiatric Association Publishing is the largest publisher of mental health books in the world. It produces print books as well as e-books that are official APA titles as well as books related to the field.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Method of Selecting Content</strong></td>
<td>Titles for publication are developed under the direction of the Books Editor-in-Chief with the guidance of the Editorial Board. All book manuscripts are peer reviewed prior to publication. For APA books, peer review must be completed before the APA Board of Trustees takes final action to authorize publication. If the text includes a position statement of the APA, the Assembly must also approve the statement. In some cases, such as the <em>Diagnostic and Statistical Manual of Mental Disorders</em> (DSM) and Practice Guidelines, peer review is built into the process.</td>
</tr>
<tr>
<td><strong>Types of Publications</strong></td>
<td>The APA publishes clinical manuals, study guides, Practice Guidelines, Board reviews, textbooks, and clinical monographs, some with accompanying video, in print and digital format. Selected titles are available on a subscription basis on PsychiatryOnline. The DSM is available in print and digital format and on PsychiatryOnline and is accompanied by a suite of products. Also available on Psychiatry Online are back issues of journals as well as DSM.</td>
</tr>
<tr>
<td><strong>The Editor</strong></td>
<td>The Editor-in-Chief is appointed by the Board of Trustees by the process outlined below (“Editor Appointment Process”) for a 3-year introductory term, which may be followed by a 5-year term, renewable once, for a total of 13 years. At the end of each term, the editor-in-chief’s performance is evaluated by the APA Board of Trustees.</td>
</tr>
<tr>
<td><strong>The Editorial Board</strong></td>
<td>The Editorial Board meets at the annual meeting and provides suggestions for new topics, prospective authors, marketing opportunities, and emerging areas in the field. Members serve for a 3-year term that is renewable once. Editorial Board members are selected by the Editor-in-Chief.</td>
</tr>
<tr>
<td><strong>Advertising</strong></td>
<td>Advertising is not included in books. Acknowledgment may be provided to sponsors.</td>
</tr>
<tr>
<td><strong>Circulation</strong></td>
<td>APA books are featured at the annual meeting in the bookstore, and many serve as the basis for sessions at the meeting. They are sold globally through a network of domestic and international distributors. A discount is extended to authors, editors and members.</td>
</tr>
</tbody>
</table>

**B. Editor Appointment Process for all APA Publications**

The search for editors should be conducted with input from the CEO/Medical Director and the APA elected leadership so that no single party can be seen as having undue influence and that editors are selected that will represent the highest standards of science and the organization. The process for selecting new editors should be transparent. Sitting members of the Board of Trustees are not eligible for editor positions, and selected candidates must agree to divest themselves of any work that might be construed as a conflict.

**Search Committee:** Editors shall be selected by a search committee of 5-7 individuals, one of whom serves as the chairperson, with requisite expertise to evaluate the applicants’ qualifications. The search committee and its chairperson will be appointed by the President of the APA with input from the CEO/Medical Director, the Speaker of the Assembly, and the Chairpersons of relevant Councils such as the Councils on Research, Medical Education and Lifelong Learning, Quality Care and Healthcare Systems and Financing. Committee members should be clinical or basic scientists with editorial experience (serving as editor, associate editor, section editor, or author). The CEO/Medical Director and Publisher participate in the search process and keep the President apprised of progress. The search committee should be diverse to the extent possible.

**Nominations:** The search committee will seek nominations for the editor positions, with the support of the APA administration. CVs of applicants will be reviewed by all committee members and evaluated based on predetermined criteria for the editorial position as defined by the Search Committee. Committee members will independently rank the applicants, and the scores will be collated to generate a final rank for each applicant. The committee will meet to discuss the applicants and select at least 4 individuals to interview. The committee will use the same procedure to rank the interviewees and forward the name of the 2-3 top nominees in rank order to the President and the CEO/Medical
Director. In collaboration, they will choose the candidate to present to the Board of Trustees for approval. In the rare case of disagreement, both choices will be presented to the Board of Trustees during executive session to protect the privacy of candidates.

C. Protocol for Publication of APA Works

All material developed by an APA component becomes the property of the APA, which has complete and total control of and responsibility for the contents of the material. The following protocol is designed to allow contributors to publish their work in peer-reviewed journals in their areas of interest and expertise, and at the same time allow APA to retain copyright of its intellectual property.

Upon APA Board of Trustees approval, members of the authorship group will be asked to submit a 1-page précis to the American Journal of Psychiatry. This précis will appear in the APA Official Actions section of the journal and will be accompanied online by the full Board-approved document.

Authors of the work will be granted permission to seek publication in the peer-reviewed journal of their choice provided they disclose to this journal that copyright remains with APA and the publication rights to the material are extended subject to the following conditions:

1. The following statement must be included in the cover letter/submission materials sent to the journal in which publication is sought:

   This submission represents work done on behalf of the American Psychiatric Association (APA), which holds the copyright for this material. The APA Board of Trustees has permitted the authors to seek publication of this work with the understanding that if accepted for publication, copyright remains with the American Psychiatric Association and that nonexclusive publication rights are granted to the journal to which the work was submitted.

2. In the official published article, the following credit line must appear:

   This article is derived from work done on behalf of the American Psychiatric Association (APA) and remains the property of the APA. It has been altered only in response to the requirements of peer review. Copyright © [year] American Psychiatric Association. Published with permission.

To prevent jeopardizing possible publication in a peer-reviewed journal based on prior publication policies, the American Journal of Psychiatry will not publish the précis or post the Board-approved version of the material until a period of 12 months after it has been accepted for publication or 6 months after it is published, whichever occurs first. The authors are asked to keep APA and the journal apprised of the paper’s publication progress.

This policy honors the work done by members in service to APA by allowing these individuals to publish in peer-reviewed journals of their choice. By ensuring that all parties know that copyright remains with APA, a précis can be published in APA’s official journal and the official Board-approved version can be posted online to serve and inform the APA membership at large. In addition, this method of showcasing work done on behalf of APA gets the members who produced the work an additional citation in a high-impact, peer-reviewed journal.

D. Protocol for Publication of APA Work in Service of DSM

For work done in service of preparing editions of the Diagnostic and Statistical Manual of Mental Disorders (DSM), a stricter protocol has been established. APA values the time and effort put forth by each of the Work Groups and understands their interest in developing and publishing their own DSM-related research (e.g., analysis of results from field trials, findings from literature reviews, secondary data analyses, and analyses of new data) in peer-reviewed journals.

The content and work products generated as part of ongoing DSM Task Force and Work Group activities are the property of the APA. As such, members of DSM Task Forces and Work Groups and their advisors are not authorized to use such content to assign copyright of any articles or reports that arise from the work of the Task Force, Work Groups, or Study Groups. The rights to all content generated by the Work Groups are held by the APA and permission is required for its use.
For any permission granted:

1. APA will grant permission for publication of DSM-related content with the condition that the following footnote appears on the title page of the article:

   *This article was generated as part of the DSM-5 Work Group activities. Copyright © [year], American Psychiatric Association. Published with permission.*

2. For articles containing assessment measures, an additional footnote must accompany each table indicating the source:

   *Copyright © [year], American Psychiatric Association. Reprinted with permission.*

In order to ensure that DSM-related material remains the property of the APA rather than an outside publisher, authors must first consult with the APA’s Publishing Division, American Psychiatric Association Publishing, before submitting any manuscripts for publication. It is imperative that APA’s Publisher and General Counsel be made aware of any planned submissions so that appropriate licensing agreements are arranged and copyright protections are maintained.

Submissions to outside publications can only contain historical remembrances about the DSM process, and may not use APA work process as source documents or references.
CHAPTER EIGHT: APA LIAISON RELATIONSHIPS

History: In 1985, the Ad Hoc Committee on Liaison Activities was formed. In early 1987, this ad hoc committee had delineated the APA relationships with various organizations into the following categories: 1) primary medical liaisons; 2) secondary medical liaisons; 3) primary allied mental health liaisons; 4) secondary allied mental health liaisons; 5) primary psychiatric liaisons; and 6) secondary psychiatric liaisons. In 1997, the ad hoc committee was disbanded.

In 2005, the Ad Hoc Work Group on APA Liaisons was formed to identify the types of liaison relationships that exist between APA and other organizations and to develop criteria and assignments for designated liaison representatives. The Work Group developed a grid (Appendix X, “Requirements for Representatives Appointed by APA to Other Organizations”) that outlines for each representative the rationale, duties, tenure, appointment mechanism, funding, component or department, reporting, and review process for continuation. The grid is maintained and updated by staff in the APA Department of Association Governance under the direction of the staff liaison assisting the president with appointments, with input and assistance from other APA staff.

Because APA has developed different kinds of liaisons in addition to appointment of representatives to other organizations, the Work Group structured this chapter according to the types of liaisons that currently exist. Within those types of liaisons, the categories 1-6 outlined in the opening paragraph still exist, but are less relevant than the type of liaison.

This chapter describes the four main types of liaison relationships that APA maintains with other organizations:

- APA Representatives appointed to other organizations.
- Assembly Allied Organization Liaisons (ACROSS) - representatives from an identified list of Allied Organizations appointed/elected by those organizations to attend the APA Assembly meetings at their expense.
- “Shared Member” Organizations

A. APA Representatives Appointed to Other Organizations

APA representatives to other organizations are usually appointed by the president. In some instances, confirmation by the other organization is required. In others, recommendations for appointment are made by the Board. Detailed descriptions of some of those organizations are below. (See also Appendix X, “Requirements for Liaisons to Other Organizations”, of the Operations Manual.)

1. American Medical Association

APA AMA Delegation (formerly Section Council on Psychiatry)

(1) Mission and Purpose: The APA AMA Delegation represents the APA in the AMA House of Delegates. The delegation advocates on behalf of patients and psychiatry for the priorities of the APA. The delegation meets with other psychiatry-related medical specialty societies in the Section Council on Psychiatry, established by the AMA as part of the House of Delegates.

(2) Voting Members: The APA voting members of the APA AMA Delegation include:

(a) The Delegates and Alternate Delegates of the APA
(b) One Section Council on Psychiatry member
(c) Other APA AMA Delegation appointees include:

(c) The Delegate and Alternate Delegate to the AMA Resident and Fellows Section as selected by the APA Committee of Residents and Fellows and approved by the President
(d) The Delegates to the AMA Young Physicians Section as selected by the APA Committee of Early Career Psychiatrists and approved by the President

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1 This provision does not address the voting participation of other organizations besides the APA. It should be noted however, that the APA AMA Delegation includes the delegate and alternate delegate of the American Academy of Child and Adolescent Psychiatry (AACAP) as that society has a voting seat in the AMA House of Delegates. Other psychiatric organizations that acquire voting representation in the AMA House of Delegates would also be eligible to join the Section Council on Psychiatry. This would occur after that organization has been a member of the AMA House of Delegates Specialty and Service Society (SSS) for a minimum of three years. Presently, the American Academy of Psychiatry and Law, the American Association for Geriatric Psychiatry, and the Academy of Psychosomatic Medicine are members of the SSS, and their representatives are invited guests of the Section Council. In addition, the AACAP has as APA AMA Delegation members their delegate and alternate delegate to the AMA Young Physicians Section and Resident and Fellows Section, as per 2c. & 2d. Thus, other psychiatric organizations that have a seat in the AMA House of Delegates and meet the relevant AMA rules will also be able to have Young Physician or Resident and Fellows Section delegates and alternate delegates on their Delegation and as members of the Section Council. Finally, those societies may also establish rules that would permit them to appoint non-delegate members.
(3) **Appointment of APA Delegates, Alternate Delegates, and Non-Delegates**
(a) Delegates and Alternate Delegates are appointed by the APA President for two year terms and are eligible for reappointment without a maximum limit subject to performance evaluations, and continuing to meet AMA eligibility criteria.
(b) Non-Delegate or Section Council on Psychiatry appointments by the APA President are for a maximum of three two-year terms. New appointments will be either as an alternate delegate or as a section council representative if that position is vacant. Delegates will be chosen from the list of alternate delegates where a vacancy exists, except where a President may choose an extraordinarily qualified APA member as Delegate who is not an alternate delegate.
(c) APA appointments to the APA AMA Delegation are made qualified because of his/her significant medical association experience by the President and are effective immediately. It is expected that a new appointment or re-appointment will be made within the six-month period before the opening of the AMA House of Delegates Annual or Interim Meeting. Appointment and reappointment terms include the year in which the appointment was made and extend to the end of the second calendar year. (For example, an appointment made on January 1, 2002 would extend to December 31, 2003).
(d) The APA designates a Senior Delegate appointed by the then sitting President at the beginning of that Delegate’s two-year term of office and he/she shall serve through that term in that capacity. The Senior Delegate may be reappointed by the APA President to additional two-year terms without a maximum limit.
(e) Upon the resignation or death of an APA Delegate, Alternate Delegate or Non-Delegate (Section Council member), the President appoints a replacement to fill out that individual’s remaining term, who shall serve out the remaining term and be eligible for reappointment as noted above.
(f) The APA President-elect and Speaker-elect shall serve as APA AMA Alternate Delegates during their term of office, to be implemented when vacancies occur. In the event that the APA President-elect and/or Speaker-elect is already an APA AMA delegate or alternate delegate, the APA President may appoint another psychiatrist to the alternate delegate position designated for either the President-elect and/or the Speaker-elect for one year."

(4) **Organization and Governance** ²
(a) The APA AMA Delegation meets at the AMA House of Delegates Annual and Interim Meetings, the APA annual meeting, and at other times during the year as may be necessary
(b) The APA Senior Delegate reports to the APA Board of Trustees and Assembly on actions taken by the AMA House of Delegates and on any other matters relevant to the APA
(c) The Senior Delegate in consultation with the APA President shall regularly evaluate the performance of the APA AMA Delegation and provide that report to the APA President. Those evaluations will be considered in determining the retention, demotion, or promotion of the individual delegate, alternate delegate, or Section Council representative. The Senior Delegate will also be evaluated by the APA President in consultation with the APA AMA Delegation
(d) APA Components shall work cooperatively with the APA AMA delegation and assist in delegation and related AMA functions/activities as requested
(e) These operating procedures are effective as of March 17, 2002, based on approval by the APA Board of Trustees on that date

d. **APA and Other AMA Activities**
The APA President appoints individual members, according to their expertise, to represent the APA in these special AMA activities, projects and meetings.

2. **Council of Medical Specialty Societies**
This organization is comprised of those US medical specialty societies that represent diplomats certified by the medical specialty societies. The CMSS is dedicated to quality medical care for all patients, improved standards and systems of delivery of patient care, effective programs for continuing and graduate medical education, studied responses to medical and health policy issues, effective communication among medical professional organizations

² The chair of the AMA Section Council on Psychiatry is nominated by the APA President and the Vice-Chair is nominated by the AACAP President and those names are offered for election at a meeting of the Section Council on Psychiatry. The voting members of the Section Council (the delegates and alternate delegates of APA and AACAP) thereupon vote on the names presented. Their terms of office are not specifically limited, but are subject to their continuation as delegates of their respective associations.
represents the principal disciplines of medicine, and ethics.

Representation is proportional, based on specialty membership. APA representatives are appointed by the President for a four-year term (and may be reappointed once) and may serve on internal committees of the CMSS, addressing issues within organized medicine. Customarily, one of the APA representatives is a member of the Council on Medical Education and Lifelong Learning. Dues are assessed per voting member and paid for by the member organizations.

3. **Association of American Medical Colleges/Council of Academic Societies**
   The Association of American Medical Colleges (AAMC) is the umbrella organization of U.S. medical schools, similar to the CMSS, which is the umbrella organization of the specialty societies, and similar to the American Board of Medical Specialties (ABMS), which is the umbrella organization for the medical specialty boards. The AAMC and the American Medical Association, through the Liaison Committee on Medical Education, are responsible for the accreditation of medical schools in the United States. The AAMC is divided into five major components: the Council of Deans, the Council of Teaching Hospitals and Health Systems, the Council of Academic Societies (CAS), the Organization of Student Representatives, and the Organization of Resident Representatives.

APA’s liaison with the AAMC is through its representation on the CAS. In addition to the APA, the following psychiatric organizations are also members of the CAS: the American Association of Chairmen of Departments of Psychiatry, the American Association of Directors of Psychiatric Residency Training, and the American College of Neuropsychopharmacology. The CAS meets at least twice yearly to review policies and issues that pertain to faculty involvement in medical schools.

4. **American Board of Psychiatry and Neurology, Inc.**
   The Board consists of sixteen members. The nominating committees for psychiatry are the American Psychiatric Association, the American College of Psychiatry, and the American Medical Association; for neurology, they are the American Neurological Association and the American Academy of Neurology. Each of these organizations proposes nominees to serve on the Board, but the Board itself selects its members. The Board is independently incorporated.

   The APA President nominates candidates for each vacancy on the ABPN according to the following process: APA Division of Education staff requests from ABPN a confidential list of examiners and senior examiners for review by the Chairperson of the Council on Medical Education and Lifelong Learning and the Director, Division of Education who may also contact APA Council chairs and other organizations to suggest potential nominees. Voting council members, the Director of the Division of Education, and the APA President rank the top five, based on standard selection criteria. ABPN may choose one of these nominees but is not obligated to do so. As part of the selection process, candidates for APA nomination for an initial term as an ABPN Director may be asked to respond to a series of questions related to their potential performance on the ABPN. The following guidelines apply to candidates for nomination as Director of the ABPN for reelection to a second term: (a) nomination for reelection is not considered automatic; (b) the Director’s performance should be evaluated informally giving consideration to participation in committees and activities of the ABPN as well as in committees and activities of the APA; and (c) Directors who are eligible for a second term should be renominated by the APA, unless there is some concern about the incumbent’s participation in relevant activities. Incumbents may be asked to respond to the questions prepared by the APA for potential nominees to the ABPN.

5. **The Joint Commission (formerly JCAHO)**
   The Joint Commission evaluates and accredits more than 17,000 health care organizations and programs in the United States. An independent, not-for-profit organization, The Joint Commission is the nation’s predominant standards-setting and accrediting body for health care facilities. Since 1951, The Joint Commission has developed state-of-the-art, professionally based standards and evaluated the compliance of health care organizations against these benchmarks.

   The Joint Commission has a number of Professional and Technical Advisory Committees (PTACs) to provide expert advice on standards and accreditation processes for many of its accreditation programs. APA currently has representation on the Hospital Accreditation Program PTAC and the Behavioral Health PTAC. The APA President nominates candidates for membership on a PTAC; The Joint Commission Board of Commissioners appoints members.

6. **URAC**
   URAC, also known as the American Accreditation HealthCare Commission, was founded in 1990 to establish
standards for the health care industry. URAC's broad-based membership includes representation from all constituencies affected by health care - employers, consumers, regulators, healthcare providers, and the workers' compensation and managed care industries. As a member organization, the APA has a seat on the Board of Directors and has representation on the Standards and Accreditation Committees.

7. National Committee for Quality Assurance
NCQA is a private, non-profit organization that accredits and certifies a wide range of health care organizations, notably managed care organizations and behavioral managed healthcare organizations. NCQA also manages the evolution of HEDIS*, a performance measurement tool used by about 90 percent of the nation’s health plans. APA has an appointed representative on the Practicing Physicians Advisory Council of the National Committee on Quality Assurance.

B. Assembly Allied Organization Liaisons (AAOLs)
The procedures for application to become an Assembly Allied Organization are detailed in Appendix C, “Procedural Code of the Assembly,” of the Operations Manual, and are monitored by the Assembly. Allied Organizations are those meeting the qualifications for representation outlined below.

1. Qualifications for Representation
   • Organization has a minimum of 100 member psychiatrists OR the organization was an Assembly Allied Organization as of January 1, 2015, it has more than 60 but fewer than 100 member psychiatrists (grandfathered allied organizations)
   • Psychiatrists comprise a majority of voting members of the organization
   • At least 40% of the total number of psychiatrist members are members of the American Psychiatric Association

2. Selection of AAOLs
   Each Assembly Allied Organization shall choose or elect one member-psychiatrist who is also a member of the American Psychiatric Association to be liaison to the Assembly and an Area Council. All costs of participation to be borne by the Allied Organization. Liaisons will become members of the Assembly, with voice and vote as determined by the Assembly. Liaisons also have membership on the Assembly Committee of Representatives of Subspecialties and Sections (ACROSS).

C. “Shared Member” Organizations
There are organizations to which APA does not send an appointed representative and which are not Allied Organizations, but with which APA shares a high proportion of members. APA maintains contact with such groups through the shared membership. Among these organizations are the Association of Women Psychiatrists and the National Medical Association.
CHAPTER NINE: CORPORATE AFFILIATES AND OTHER ENTITIES

A. American Psychiatric Association Foundation, Inc. (APAF)

American Psychiatric Foundation, (the “Foundation”) was incorporated in January 1991 in the District of Columbia. The Foundation merged with the previous American Psychiatric Press, Inc., and the American Psychiatric Institute for Research and Education (APIRE) 501 (c)(3) organizations, as of October 29, 2010. The Foundation accomplishes its mission (advancing mental health, overcoming mental illness, and eliminating stigma) through public education, research, awards, and partnerships which improve the lives of patients, families, and the community by advancing the understanding, prevention, and treatment of mental disorders. The Foundation is the charitable arm of the APA, providing grant funding for psychiatric research, public education programs, and patient advocacy. Grantees include APA committees, Fellowships, District Branches, and projects external to APA. The Foundation is also the fundraising arm and industry liaison of the APA, securing support from external funders for APA meetings, programs and activities. Individual members of the APA, interested corporations and other foundations are the principal sources of funding for the Foundation.

The Board of Directors of the Foundation is appointed by the President of the APA and ratified by the Board of Trustees. It includes both psychiatrists and public members. The APA President-elect, Immediate-Past President and Treasurer of the APA Board are ex-officio members of the Foundation Board. The APA CEO/Medical Director serves as President of the Foundation Board.

The Foundation is responsible for the funding and/or administration the following awards:

- Administrative Psychiatry Award
- Agnes Purcell McGavin Distinguished Career Achievement in Child and Adolescent Psychiatry
- Agnes Purcell McGavin Award for Prevention in Child and Adolescent Psychiatry
- Alexander Gralnick MD Award for Research in Schizophrenia
- Alexandra Symonds Award
- APAF/AACDP Research Mentorship Award
- Awards for Advancing Minority Mental Health
- Award for Research
- Berson Award
- Blanche Ittleson Award for Research in Child & Adolescent Psychiatry
- Frank J. Menolascino Award for Psychiatric Services for Persons with Mental Retardation and Developmental Disabilities
- George Tarjan Award
- Hartford-Jeste Award
- Health Services Research Award
- Helping Hands Grant Program
- Isaac Ray Award
- Jeanne Spurlock Minority Fellowship Achievement Award
- John Fryer Award
- Judd Marmor Award
- Kempf Award for Research Development in Psychbiological Psychiatry
- Kun-Po Soo Award
- Manfred Guttmacher Award
- Mrazek Award in Psychiatric Pharmacogenomics
- Oskar Pfister Award
- Simon Bolivar Award
- Solomon Carter Fuller Award

B. American Psychiatric Association-Political Action Committee (APA-PAC)

The American Psychiatric Association Political Action Committee (APA-PAC), established in 2001, promotes good citizenship through personal and financial participation in the elective process by providing interested eligible persons an opportunity to contribute to the support of worthy candidates for federal office who believe and have demonstrated their beliefs in the principles to which the American Psychiatric Association is dedicated, including the advancement of psychiatry and excellence in the care and delivery of psychiatric services. To effectuate the foregoing purposes, APA-PAC is empowered to solicit voluntary contributions from (i) the dues paying members of the Association with voting rights, (ii) the executive and administrative personnel of the Association, and (iii) the families of such members and personnel, as permitted by law. APA-PAC is further empowered to make expenditures and contributions to support candidates for election to federal office in the United States and to support political committees established and maintained by national political parties and others. APA-PAC is further authorized to accept such lawful contributions as it deems appropriate.

APA-PAC submits a report at each Board meeting setting out its contributions and expenditures, including information about its strategies for making contribution decisions at reasonable intervals.

C. American Psychiatric Association Alliance (APAA)

The APAA was established in 1983 and renamed in 1999. APAA has its own Executive Board and committee structure. APAA has many local chapters within the geographic areas and district branches of the APA that work closely with the APAA.
Members of APAA serve as liaisons to several APA components, such as the Committee on Government Relations, the Committee on Public Affairs, and the Committee on Physician Health, Illness, and Impairment.
CHAPTER TEN: APA CENTRAL OFFICE STAFF

The Chief Executive Officer/Medical Director oversees the activities of the Association in accordance with the purposes and objectives defined in Bylaws 1.2, and with the policies established by the Board of Trustees. He/she is assisted by the Executive Staff, Department Heads, and staff.

The primary role of staff is to accomplish, in the most efficient and cost effective manner, the Association's goals and objectives. Their areas of expertise include accounting, administration, advocacy, benefits, data processing, editing and writing, education, government relations, healthcare systems and financing, human resources, international affairs, meetings management, membership recruitment and retention, minority and national affairs, psychiatric services and quality improvement, publishing and marketing, communications and public affairs, research, and resource development. Many staff functions are intertwined or require support from other entities and almost all staff works directly with member components of the APA.

The following pages list some of the elements of staff organization, show the related member components, and briefly note some of the activities. The annual Directory of Components and Staff includes an APA Staff Telephone Directory that is organized by subject and provides names and telephone numbers of staff. (Both the component and staff directories are available online at the APA website.) In addition, APA Customer Service be reached by dialing the APA general number (703-907-7300) or 1-888-35-PSYCH. A specially trained staff of customer service professionals is available to respond to member and nonmember inquiries and to direct calls to appropriate staff when necessary.

APA can be reached by e-mail: apa@psych.org. Information is also available on our website: www.psychiatry.org.

<table>
<thead>
<tr>
<th>CHIEF EXECUTIVE OFFICER AND MEDICAL DIRECTOR’S OFFICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Saul Levin MD, MPA, Chief Executive Officer and Medical Director</td>
</tr>
<tr>
<td>Chief of Staff</td>
</tr>
<tr>
<td>Chief of Communications</td>
</tr>
<tr>
<td>Chief of Policy, Programs, &amp; Partnerships</td>
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<tr>
<td>Chief Operating Officer</td>
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<tr>
<td>Chief of Membership &amp; Strategy Officer - RFM-ECP Liaison</td>
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<tr>
<td>Chief Financial Officer</td>
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<td>Chief of Government Affairs</td>
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<tr>
<th>AMERICAN PSYCHIATRIC ASSOCIATION FOUNDATION (APAF)</th>
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<tbody>
<tr>
<td>Daniel Gillison, Executive Director</td>
</tr>
<tr>
<td>Activities:</td>
</tr>
<tr>
<td>• Provide continuity, leadership, and support for Foundation programs and fundraising activities</td>
</tr>
<tr>
<td>• Grants program to provide support for community based mental health awareness and health services research</td>
</tr>
<tr>
<td>• Public education projects to raise awareness of mental illness and its treatments</td>
</tr>
<tr>
<td>• Oversight of the National Partnership for Workplace Mental Health</td>
</tr>
<tr>
<td>• Coordinate APA’s relationship with external funders for education and research activities</td>
</tr>
<tr>
<td>• Furnish in-house consultation for APA revenue development activities</td>
</tr>
<tr>
<td>• Administration of endowed funds to support APA, APIRE, and Foundation activities</td>
</tr>
<tr>
<td>• Helping Hands Grants Program</td>
</tr>
<tr>
<td>• Administration of APAF Awards and Fellowships</td>
</tr>
</tbody>
</table>
VISION

The American Psychiatric Association is an organization of psychiatrists working together to ensure humane care and effective treatment for all persons with mental illness, including substance use disorders. It is the voice and conscience of modern psychiatry. Its vision is a society that has available, accessible quality psychiatric diagnosis and treatment.

MISSION

The mission of the American Psychiatric Association is to:

• promote the highest quality care for individuals with mental illness, including substance use disorders, and their families;
• promote psychiatric education and research;
• advance and represent the profession of psychiatry; and
• serve the professional needs of its membership.

VALUES

• Best standards of clinical practice
• Highest ethical standards of professional conduct
• Prevention, access, care and sensitivity for patients and compassion for their families
• Patient-focused treatment decisions
• Scientifically established principles of treatment
• Advocacy for patients
• Leadership
• Lifelong professional learning
• Collegial support
• Respect for diverse views and pluralism within the field and the association
• Respect for other health professionals

GOALS

✓ To promote the rights and best interests of patients and those actually or potentially making use of psychiatric services for mental illness, including substance use disorders.
✓ To improve access to and quality of psychiatric services.
✓ To improve research into all aspects of mental illness, including causes, prevention, and treatment of psychiatric disorders.
✓ To improve psychiatric education and training.
✓ To promote optimal conditions for practice and career satisfaction.
✓ To foster collaboration among all who are concerned with medical, psychological, socio-cultural and legal aspects of mental health and illness.
✓ To improve functioning of the APA in the service of its mission.
<table>
<thead>
<tr>
<th><strong>Term</strong></th>
<th><strong>Definition</strong></th>
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</thead>
<tbody>
<tr>
<td><strong>Acknowledge:</strong></td>
<td>(With Acknowledgement) Refers to an action of the Board of Trustees wherein the Board recognizes an event, product, project, or person. No approval or disapproval is implied.</td>
</tr>
<tr>
<td><strong>Affiliation:</strong></td>
<td>(In Affiliation With) Equals Joint Sponsorship. Use only as delineated for Joint or Co-Sponsorship.</td>
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<tr>
<td><strong>Affirm:</strong></td>
<td>Equals “Approve.”</td>
</tr>
<tr>
<td><strong>Approve:</strong></td>
<td>A designation which indicates that a statement or project is confirmed or consented to officially. Reserved for internal APA use when an APA component, or the Board of Trustees, or the Assembly agrees to go forward with a proposal.</td>
</tr>
<tr>
<td><strong>Association:</strong></td>
<td>(In Association With) Equals Joint Sponsorship. Use only as delineated for Joint or Co-sponsorship.</td>
</tr>
<tr>
<td><strong>Authorize:</strong></td>
<td>Internal use only. Refers to an action of the Board of Trustees wherein a component, member, or APA staff member is given approval to take an action in the name of the APA.</td>
</tr>
<tr>
<td><strong>Certify:</strong></td>
<td>Refers to an official endorsement gained upon conforming to set standards, such as certification by the American Board of Psychiatry and Neurology. It should not be used in other contexts.</td>
</tr>
<tr>
<td><strong>Collaboration:</strong></td>
<td>(In Collaboration With) Equals Joint Sponsorship. Usually employed only as delineated for Joint or Co-Sponsorship. In some cases, this language may be the only accurate designation of the relationship. If this term must be used in a context that involves CME, it should be accompanied by a statement indicating APA sponsorship or non-sponsorship of CME on the same page as the “collaboration” wording.</td>
</tr>
</tbody>
</table>
| **Commend:**             | A designation given by the Board of Trustees, which indicates that the APA believes a position statement by a person or by an outside organization is in accordance with the policy of the APA, or that a person or organization in general has taken positions or has conducted him/her/itself in an exemplary fashion, and that the Board of Trustees wishes to publicly recognize this. There is no implication of financial or other support, and no implication that the APA is sponsoring, jointly sponsoring, or co-sponsoring the program or event for CME credit.  
  **Standard Language (APA):** “The APA commends __________ for his/her/its position/work/etc. on/contribution to”                                                                                   |
| **Consent:**             | Internal use only. Refers to the consent calendar of the Board of Trustees or the Assembly.                                                                                                                       |
| **Cooperation:**         | (In Cooperation With) Equals Joint Sponsorship. Use only as delineated for Joint or Co-Sponsorship.                                                                                                               |
| **Co-Sponsor:**          | This term is official ACCME language and is reserved for CME use. It refers to situations in which APA as the entity that is accredited by ACCME to provide CME, joins with another ACCME accredited entity to provide CME. (One of the organizations assumes full responsibility for sponsorship and its documentation.) The use of this term for other relationships between APA and other entities is confusing, and potentially damaging to APA’s CME accreditation status.  
  **Standard Language (ACCME):”This activity is co-sponsored by the American Psychiatric Association and <name of other accredited sponsor>. The American Psychiatric Association is accredited by the ACCME to provide continuing medical education for physicians and is primarily responsible for this activity.” Or “This activity is co-sponsored by the American Psychiatric Association and <name of other accredited sponsor>. The <name of other accredited sponsor> is accredited by the ACCME to provide continuing medical education for physicians and is primarily responsible for this activity.” |
**Endorse:**
In March 2007, the Board of Trustees voted to approve a policy that the APA does not endorse the conferences, programs or meetings of outside organizations.

**Joint:**
(Jointly Sponsor)
This term is official ACCME language and is reserved for CME use. It refers to situations in which APA as the entity that is accredited by ACCME to provide CME, joins with a non-ACCME accredited entity to provide CME. The use of this term for other relationships between APA and other entities is confusing, and potentially damaging to APA's CME accreditation status. This is also true of any language that implies that the APA is working together with another entity.

*Standard Language (ACCME):* “This activity has been planned and implemented in accordance with the Essentials and Standards of the Accreditation Council for Continuing Medical Education through the joint sponsorship of the American Psychiatric Association and <insert name of non-accredited sponsor>. The American Psychiatric Association is accredited by the ACCME to provide continuing medical education for physicians.”

**Partnership:**
(In Partnership With)
Equals Joint Sponsorship. Use only as delineated for Joint or Co-Sponsorship.

**Ratify:**
Equals “Approve.”

**Reaffirm:**
Equals “Once Again Approve”

**Recognizes:**
(In Recognition Of, With Recognition)
Equals “Acknowledge.”

**Recommend:**
(Recommended by)
Equals “Endorse.”

**Refer:**
An action of an APA component or the Assembly to send a proposal to the Board of Trustees without approval.

**Sanction:**
Refers to a punitive action or penalty levied by an APA component with regard to a member. A component must be authorized by the Board of Trustees to initiate such action, but the final action must be taken by the Board of Trustees.

**Sponsor:**
This term is official ACCME language and is reserved for CME use. It refers to APA as the entity that is accredited by ACCME to provide CME. The use of this term for other relationships between APA and other entities is confusing, and potentially damaging to APA’s CME accreditation status.

*Standard Language (ACCME):* “The American Psychiatric Association is accredited by the Accreditation Council for Continuing Medical Education to provide Continuing Medical Education for physicians.”

**Subscribe:**
No official APA use.

**Support:**
(Supported, Supported in Part)
Indicates that the APA has provided financial or other resources to a program, project, or event. There is no implication that the APA is sponsoring, jointly sponsoring, or co-sponsoring the program, project, or event for CME credit. The designation is part and parcel of the approval by the Board of Trustees of the expenditure of APA resources. There is, however, an implication of endorsement by the Board of Trustees. [Note: to be distinguished from the situation wherein another entity provides financial or other resources to an APA program, such as a drug company. In that case, the other entity is the “supporter,” but never the “sponsor.”]

*Standard Language (APA):* “<insert name of program/project/event> is supported/supported in part by the APA. No sponsorship of CME is implied.”
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<thead>
<tr>
<th>Board or Assembly Meeting</th>
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<th>Date Changed in Manual</th>
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<tr>
<td>3/17</td>
<td>7.A.5</td>
<td>Appendix D</td>
<td>3/17</td>
<td>Revised the name of the Human Rights Award Committee to the Chester M. Pierce Human Rights Award Committee</td>
</tr>
<tr>
<td>3/17</td>
<td>7.A.4</td>
<td>Appendix D</td>
<td>3/17</td>
<td>Changed the name of the Human Rights Award to the Chester M. Pierce Human Rights Award</td>
</tr>
<tr>
<td>3/17</td>
<td>7.A.3</td>
<td>Appendix D</td>
<td>3/17</td>
<td>Revised charge to the Committee on Reimbursement for Psychiatric Care</td>
</tr>
<tr>
<td>3/17</td>
<td>7.A.2</td>
<td>Appendix D</td>
<td>3/17</td>
<td>Added</td>
</tr>
<tr>
<td>12/16</td>
<td>8.D.2</td>
<td>Appendix F-7</td>
<td>12/16</td>
<td>Added Clarifying information to the Guidelines for Petitions for the APA Nominating Committee.</td>
</tr>
<tr>
<td>12/16</td>
<td>7.A.19</td>
<td>Appendix C</td>
<td>12/16</td>
<td>Added Caucus on Positive Psychiatry under the Council on Geriatric Psychiatry</td>
</tr>
<tr>
<td>12/16</td>
<td>7.A.18</td>
<td>Appendix D</td>
<td>12/16</td>
<td>Revised Name and Charge to the Committee on Practice Guidelines</td>
</tr>
<tr>
<td>12/16</td>
<td>7.A.13</td>
<td>Chp.3</td>
<td>12/16</td>
<td>Added Information regarding solicitation of appointment recommendations by the President-elect from leaders of APA Councils, caucuses, committees, and the Assembly.</td>
</tr>
<tr>
<td>10/16</td>
<td>Chpt. 7</td>
<td></td>
<td>10/16</td>
<td>Revised Chapter Seven – Publishing to reflect current practice and the process for selecting Editors</td>
</tr>
<tr>
<td></td>
<td>App. X</td>
<td></td>
<td>4/16</td>
<td>Revised Appendix X</td>
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<td>Revised Component Assessment Templates</td>
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<td>Revised APA Travel Policy and Travel reimbursement form</td>
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<td>Revised name of the Institute on Psychiatric Services (IPS) to the IPS: The Mental Health Services Conference (IPS)</td>
</tr>
<tr>
<td>3/16</td>
<td></td>
<td></td>
<td>3/16</td>
<td>Revised Awards and Fellowships assigned to the appropriate oversight entity – APA Board of Trustees or American Psychiatric Foundation Board of Directors.</td>
</tr>
<tr>
<td>3/16</td>
<td></td>
<td></td>
<td>3/16</td>
<td>Sunset APA Public Psychiatry Fellowship Selection Committee</td>
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<tr>
<td>3/16</td>
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<td>3/16</td>
<td>Sunset APA/SAMHSA Minority Fellowship Selection and Advisory Committee</td>
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<td></td>
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<td></td>
<td>3/16</td>
<td>Remove CARF - Commission on Accreditation of Rehabilitation Facilities</td>
</tr>
<tr>
<td>3/16</td>
<td></td>
<td></td>
<td>3/16</td>
<td>Add the Committee on Telepsychiatry under the Council on Healthcare Systems and Financing</td>
</tr>
<tr>
<td>3/16</td>
<td></td>
<td></td>
<td>3/16</td>
<td>Revise the APA’s American Psychiatric Association Financial Statement, Disclosure of Affiliations and Interests Policy and Form</td>
</tr>
<tr>
<td>3/16</td>
<td></td>
<td></td>
<td>3/16</td>
<td>Revised Joint Reference Committee composition</td>
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<tr>
<td>Board or Assembly Meeting</td>
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<tr>
<td></td>
<td>APP.B</td>
<td>3/16</td>
<td></td>
<td>Bylaws of APIRE <strong>removed</strong></td>
</tr>
<tr>
<td>12/15</td>
<td>APP.D</td>
<td>12/15</td>
<td></td>
<td>Composition of the Council on Advocacy and Government Relations revised to include APA PAC Chairperson as ex-officio corresponding member; Composition of the APA PAC revised to include the CAGR chairperson as an ex-officio corresponding member.</td>
</tr>
<tr>
<td>11/15</td>
<td>APP.C</td>
<td>3/16</td>
<td></td>
<td><strong>Assembly Procedural Code Revised</strong></td>
</tr>
<tr>
<td>10/15</td>
<td>8.F.3</td>
<td>10/22/15</td>
<td></td>
<td><strong>Change</strong> award description of the Carol Davis Ethics Award</td>
</tr>
<tr>
<td>7/15</td>
<td>7.A.1</td>
<td>8/1/15</td>
<td></td>
<td><strong>Add</strong> the Committee on Performance Measures reporting to the Council on Quality Care</td>
</tr>
<tr>
<td></td>
<td>APP.D</td>
<td>6/1/15</td>
<td></td>
<td><strong>Change</strong> the language in the Procedural Code to reflect the Assembly reorganization structure and the new voting strength formula; <strong>Change</strong> the name of Assembly Allied Organization and Liaison (AAOL) Committee to Assembly Committee Representatives of Subspecialties and Sections (ACROSS); <strong>Revise</strong> the language for the procedures of Area Trustee replacement to reflect the APA bylaws; <strong>Revise</strong> the language in the Procedural Code that the Procedures Committee reviews DB bylaws on a rotating 5-year basis instead of 3</td>
</tr>
<tr>
<td>3/15</td>
<td>8.F</td>
<td>3/27/15</td>
<td></td>
<td><strong>Revise</strong> the APA’s Financial Statement, Disclosure of Affiliations and Conflict of Interest Policy and the form which implements the policy</td>
</tr>
<tr>
<td></td>
<td>APP.S</td>
<td>3/27/15</td>
<td></td>
<td><strong>Add</strong> procedures for Area Trustee Replacement in the APA Ops Manual</td>
</tr>
<tr>
<td>3/15</td>
<td>8.E</td>
<td>3/27/15</td>
<td></td>
<td><strong>Revise</strong> the APA Election Guidelines and make a distinction between “mutual support” and “campaigning together”</td>
</tr>
<tr>
<td>3/15</td>
<td>8.D.4</td>
<td>3/27/15</td>
<td></td>
<td><strong>Revise</strong> the APA Election Guidelines and remove Section B.1. Campaigning, General: When “signing” campaign communications APA/Area/DB organizational titles may be not used, but such titles may be mentioned in the body of the communication.</td>
</tr>
<tr>
<td></td>
<td>APP.F-2</td>
<td>3/27/15</td>
<td></td>
<td><strong>Revise</strong> the APA Election Guidelines and set restrictions for campaign supporter</td>
</tr>
<tr>
<td>12/14</td>
<td>11.F</td>
<td>12/31/14</td>
<td></td>
<td><strong>Add</strong> procedure concerning referenda that reach a minimum designated percentage of affirmative members votes</td>
</tr>
<tr>
<td>12/14</td>
<td>7.B</td>
<td>12/31/14</td>
<td></td>
<td><strong>Revise</strong> composition and charge to the Scientific Program Committee of the Institute of Psychiatric Services</td>
</tr>
<tr>
<td>Board or Assembly Meeting</td>
<td>Item #</td>
<td>Page</td>
<td>Date Changed in Manual</td>
<td>ACTION</td>
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<tr>
<td>12/14</td>
<td>7.A.16</td>
<td>APP.G</td>
<td>12/31/14</td>
<td>Update the criteria for Human Rights Award (Transferring administration of the Award from Council on Psychiatry and Law to Council on International Psychiatry)</td>
</tr>
<tr>
<td>12/14</td>
<td>7.A.14</td>
<td>APP.D</td>
<td>12/31/14</td>
<td>Revise the Charge of the Council on Research</td>
</tr>
<tr>
<td>12/14</td>
<td>7.A.12</td>
<td>APP.D; APP.G</td>
<td>12/31/14</td>
<td>Revise the Charge of the Council on Communications as well as the Member Communications Award</td>
</tr>
<tr>
<td>11/14</td>
<td>7.B.1., 2., 3., 5., 6. &amp; 7</td>
<td>APP.C</td>
<td>11/28/14</td>
<td>Change in the procedural review of DB/SA bylaws; Remove the certification requirements from the DB/SA bylaws; Revise the language for constancy, to reflect OPS manual that a member of the APA Nominating Committee cannot accept nomination for a position on the BOT during their 2-year term on the Committee; Revise the language to clarify that legal advice given by the APA General Counsel does not require exposure to the membership; Revise the language to leave it at the discretion of the Area Councils whether or not the Area Trustee has a vote within Area Council meetings; Revise the procedures to become an Assembly Allied Organization, their application requirements, the procedures for exceptions to providing those application requirements, the approval process for application, and the obligations of the liaison and their organization to the APA.</td>
</tr>
<tr>
<td>7/14</td>
<td>3.A.</td>
<td>APP.E</td>
<td>9/1/14</td>
<td>Remove the Task Force to Update the Ethics Annotations (sunset)</td>
</tr>
<tr>
<td>5/14</td>
<td>7.B.1 &amp; 2</td>
<td>APP.C</td>
<td>5/1/14</td>
<td>Add the Southern Psychiatric Association and Remove the American Association of Practicing Psychiatrists from the Assembly Allied Organizations</td>
</tr>
<tr>
<td>3/14</td>
<td>7.A.1</td>
<td>APP.D</td>
<td>4/1/14</td>
<td>Change name of Caucus on Alternative and Complementary Medicine to the Caucus on Complementary and Alternative Medicine</td>
</tr>
<tr>
<td>12/13</td>
<td>-</td>
<td>APP.W-5</td>
<td>1/13/14</td>
<td>Revision</td>
</tr>
<tr>
<td>12/13</td>
<td>EX.1.2</td>
<td>APP.W-4</td>
<td>1/13/14</td>
<td>Update Officer Reimbursement Policy</td>
</tr>
<tr>
<td>12/13</td>
<td>9.A.11</td>
<td>OPS Manual</td>
<td>1/13/14</td>
<td>Change term of Member-in-training (MIT) to Resident-Fellow Member (RFM)</td>
</tr>
<tr>
<td>12/13</td>
<td>7.A.15</td>
<td>APP.D</td>
<td>1/13/14</td>
<td>Change name of Committee on Electronic Health Records to Committee on Mental Health Information Technology</td>
</tr>
<tr>
<td>12/13</td>
<td>7.A.10</td>
<td>APP.T</td>
<td>1/13/14</td>
<td>Revision of the CALF grant requests document</td>
</tr>
<tr>
<td>12/13</td>
<td>7.A.2</td>
<td>APP.D</td>
<td>1/13/14</td>
<td>Add Caucus on Global Mental Health and Psychiatry to Council on Minority Mental Health and Health Disparities, then to Council on Global Psychiatry in May 2014</td>
</tr>
<tr>
<td>12/13</td>
<td>7.A.1</td>
<td>APP.D</td>
<td>1/13/14</td>
<td>Add Caucus on Psychotherapy to Council on Quality Care</td>
</tr>
<tr>
<td>11/13</td>
<td>1.A.1</td>
<td>APP.B</td>
<td>11/15/13</td>
<td>Update APA Bylaws expressly allowing APA to indemnify paid and unpaid Officers and Trustees</td>
</tr>
<tr>
<td>Board or Assembly Meeting</td>
<td>Item #</td>
<td>Page</td>
<td>Date Changed in Manual</td>
<td>ACTION</td>
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<tr>
<td>11/13</td>
<td>1.A.2</td>
<td>APP.B</td>
<td>11/15/13</td>
<td>Update APA Bylaws adding a term limit of two consecutive two-year terms for the Secretary and Treasurer</td>
</tr>
<tr>
<td>7/13</td>
<td>7A.2.</td>
<td>APP.G</td>
<td>8/1/13</td>
<td>Add the APA Mentors of the Year Award with description</td>
</tr>
<tr>
<td>7/13</td>
<td>8.F.</td>
<td>APP. F-2</td>
<td>8/1/13</td>
<td>Revision of the Resources section of the Election Guidelines, to clarify the scope of prohibitions on use of APA, Area Council/State Association, and District Branch resources</td>
</tr>
<tr>
<td>-</td>
<td>-</td>
<td>Chap. 6</td>
<td>8/1/13</td>
<td>Update content of Chapter 6</td>
</tr>
<tr>
<td>5/13</td>
<td>7.B</td>
<td>APP.C</td>
<td>6/5/13</td>
<td>Add procedure for action of the Assembly to direct the Speaker to move a passed Action Paper directly at the Board of Trustees meeting</td>
</tr>
<tr>
<td>3/13</td>
<td>7.A.1</td>
<td>APP. D</td>
<td>6/5/13</td>
<td>Revision of the charge to the Council on Medical Education and Lifelong Learning</td>
</tr>
<tr>
<td>1/13 (BEC)</td>
<td>-</td>
<td>APP. M</td>
<td>3/20/13</td>
<td>Update Component Acceptance Form introduction</td>
</tr>
</tbody>
</table>
Area 1: New England/Eastern Canada
Area 2: New York
Area 3: Middle Atlantic
Area 4: North Central
Area 5: South, Puerto Rico
Area 6: California
Area 7: West/Western Canada
<table>
<thead>
<tr>
<th>Area 1</th>
<th>Area 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>7  Connecticut Psychiatric Society</td>
<td>2  Bronx District Branch</td>
</tr>
<tr>
<td>32 Massachusetts Psychiatric Society</td>
<td>3  Brooklyn Psychiatric Society Inc.</td>
</tr>
<tr>
<td>37 Ontario District Branch</td>
<td>5  Genesee Valley Psychiatric Association</td>
</tr>
<tr>
<td>39 Quebec &amp; Eastern Canada District Branch</td>
<td>24 Mid-Hudson Psychiatric Society</td>
</tr>
<tr>
<td>41 Rhode Island Psychiatric Society</td>
<td>25 Greater Long Island Psychiatric Society</td>
</tr>
<tr>
<td>62 Maine Association of Psychiatric Physicians</td>
<td>27 New York County District Branch</td>
</tr>
<tr>
<td>66 Vermont Psychiatric Association</td>
<td>28 New York State Capital District Branch</td>
</tr>
<tr>
<td>68 New Hampshire Psychiatric Society</td>
<td>40 Queens County Psychiatric Society</td>
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<tr>
<td>Area 3</td>
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</tr>
<tr>
<td>8  Psychiatric Society of Delaware</td>
<td>49 Psychiatric Society of Westchester County Inc.</td>
</tr>
<tr>
<td>20 Maryland Psychiatric Society Inc.</td>
<td>51 Western New York Psychiatric Society</td>
</tr>
<tr>
<td>26 New Jersey Psychiatric Association</td>
<td>55 West Hudson Psychiatric Society</td>
</tr>
<tr>
<td>38 Pennsylvania Psychiatric Society</td>
<td>56 Central New York District Branch</td>
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<tr>
<td>48 Washington Psychiatric Society</td>
<td>59 Northern New York District Branch</td>
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<tr>
<td>Area 5</td>
<td></td>
</tr>
<tr>
<td>1  Arkansas Psychiatric Society</td>
<td>13 Illinois Psychiatric Society</td>
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<tr>
<td>10 Florida Psychiatric Society</td>
<td>14 Indiana Psychiatric Society</td>
</tr>
<tr>
<td>11 Georgia Psychiatric Physicians Association Inc.</td>
<td>16 Iowa Psychiatric Society</td>
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<tr>
<td>18 Kentucky Psychiatric Medical Association</td>
<td>17 Kansas Psychiatric Society</td>
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<tr>
<td>19 Louisiana Psychiatric Medical Association</td>
<td>21 Michigan Psychiatric Society</td>
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<tr>
<td>23 Mississippi Psychiatric Association Inc.</td>
<td>22 Minnesota Psychiatric Society</td>
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<tr>
<td>29 North Carolina Psychiatric Association</td>
<td>34 Nebraska Psychiatric Society</td>
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<td>36 Oklahoma Psychiatric Physicians Association</td>
<td>35 Ohio Psychiatric Physicians Association</td>
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<tr>
<td>42 South Carolina Psychiatric Association</td>
<td>52 Wisconsin Psychiatric Association</td>
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<tr>
<td>45 Tennessee Psychiatric Association</td>
<td>63 North Dakota Psychiatric Society</td>
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<tr>
<td>46 Texas Society of Psychiatric Physicians</td>
<td>72 South Dakota Psychiatric Association</td>
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<tr>
<td>47 Psychiatric Society of Virginia Inc.</td>
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<td>Area 4</td>
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<tr>
<td>54 West Virginia Psychiatric Association</td>
<td>4  Central California Psychiatric Society</td>
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<tr>
<td>60 Alabama Psychiatric Physicians Association</td>
<td>30 Northern California Psychiatric Society</td>
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<tr>
<td>70 Puerto Rico Psychiatric Society</td>
<td>43 Southern California Psychiatric Society</td>
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<td>77 Society of Uniformed Services Psychiatrists</td>
<td>64 San Diego Psychiatric Society</td>
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<td>Area 7</td>
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<tr>
<td>6  Colorado Psychiatric Society</td>
<td>76 Orange County Psychiatric Society</td>
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<tr>
<td>12 Hawaii Psychiatric Medical Association</td>
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<tr>
<td>15 Idaho Psychiatric Association</td>
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<tr>
<td>33 Washington State Psychiatric Association</td>
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<tr>
<td>53 Western Canada District Branch</td>
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<td>57 Arizona Psychiatric Society</td>
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<td>58 Oregon Psychiatric Physicians Association</td>
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<tr>
<td>61 Utah Psychiatric Association</td>
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<td>67 Psychiatric Medical Association of New Mexico</td>
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<tr>
<td>71 Alaska Psychiatric Association</td>
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<td>73 Montana Psychiatric Association</td>
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<tr>
<td>74 Nevada Psychiatric Association</td>
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<tr>
<td>75 Wyoming Association of Psychiatric Physicians</td>
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</table>
APPENDIX B: ARTICLES OF INCORPORATION AND BYLAWS

The Association, under the title "Association of Medical Superintendents of American Institutions for the Insane," adopted its first constitution in 1844. This basic document has been modified many times to keep pace with the changes in organizational structure required by the growth of the society. These changes, prior to 1950, were accomplished by the process of voting by members in attendance at an annual meeting. Amendments adopted in 1950 changed the process so that subsequent amendments were adopted by mail ballot, thus considerably widening membership participation in the amendment process.

In May 1963, May 1969, and again in May 1971, complete revisions of the Constitution and Bylaws were adopted by mail ballot.

In 2000, members of APA voted to approve amendments to the bylaws that allowed the Association to move forward with a reorganization that became effective on January 1, 2001. Prior to that, APA was exempt from federal income tax as an organization described in section 501(c)(3) of the Internal Revenue Code (the “Code”). As of January 1, 2001, the members of APA became members of a new tax-exempt organization described in section 501(c)(6) of the Code. The new organization has taken over the name “American Psychiatric Association” and will carry out the membership activities previously conducted by the former APA. The new APA has its own bylaws that are modeled on the bylaws of the former APA. The 501(c)(3) organization formerly known as APA continues in existence under the new name “American Psychiatric Publishing, Inc.”, and will carry out the publishing activities previously undertaken by APA and APPI. American Psychiatric Association Foundation, Inc. (APAF) and American Psychiatric Institute for Research and Education (APIRE) continue to operate as separate 501(c)(3) organizations.

The governing documents of the new membership organization known as American Psychiatric Association are its Articles of Incorporation and Bylaws. The current editions of these documents follow as Appendix B to the Operations Manual. (Note: a certificate of amendment to change the name to American Psychiatric Association accompanies the Articles of Incorporation.) A vote of the members is required to approve amendments to the Articles of Incorporation. The Board of Trustees, with ratification by the Assembly, or the members may make amendments to the bylaws. (See Procedures for Board Approval of Bylaw Amendments next page. See Appendix F-1.4, “Election Procedures and Guidelines” of this manual for procedures to amend Articles of Incorporation and Bylaws by a vote of the membership.)
Procedures for Board of Trustees Adoption of Bylaw Amendments

1. Any policy approved by the Board that requires a change in the bylaws will be submitted to the Bylaws Committee to write the appropriate amendments.

2. The Bylaws Committee will prepare the amendments and submit them to the Board at its next meeting, along with a recommendation as to whether the issue should be approved by a vote of the Board and forwarded to the Assembly for ratification for adoption, or be submitted to a vote of the membership.

3. Bylaw amendments approved by the Board require for ratification by the Assembly:

- the approval of a two-thirds majority of the voting members of the Board present at a meeting at which a quorum is present (the amendment must be discussed and voted on, not approved on the consent calendar)
- subsequent ratification by a two-thirds vote by strength of Assembly members present at a meeting at which a quorum is present. If action is required before the next Assembly meeting, the amendment may be ratified by a two-thirds vote of the Assembly Executive Committee (AEC) at a meeting at which a quorum participates, provided that if any such amendment is not ratified by the Assembly at its next meeting, it will not be effective after the Assembly vote.

4. Bylaw amendments that the Board approves for submission to a vote of the membership require:

- a majority vote of the Board. (The deadline for placement on the ballot is October 15 or the Monday thereafter if October 15 falls on a weekend.)
- Approval by a majority of at least 33 1/3 percent of the eligible voting members of the Association shall be required for adoption of the proposed amendment.

(See also Appendix F-1.4, “Election Procedures and Guidelines” of this manual for procedures to amend Articles of Incorporation and Bylaws by a vote of the membership.)
Chapter One. Name; Purposes; Legal Identity

Section 1.1 Name. This corporation shall be known as American Psychiatric Association (hereinafter referred to as the "Association"). It is the successor membership organization of the corporation known as The American Psychiatric Association that is now known as American Psychiatric Publishing, Inc. (hereinafter referred to as the "Former APA"). The Former APA was first designated as such in 1921 and incorporated under that name in the District of Columbia in 1927. Effective January 1, 2001, all the memberships in the Former APA transferred to the Association and, effective January 2, 2001, the Association changed its name to American Psychiatric Association.

Section 1.2 Purposes and Objectives. The purposes for which the Association is organized are: (a) to promote the common professional interests of its members; (b) to improve the treatment, rehabilitation, and care of persons with mental disorders (including mental retardation and substance-related disorders); (c) to advance the standards of all psychiatric services and facilities; (d) to promote research, professional education in psychiatry and allied fields, and the prevention of psychiatric disabilities; (e) to foster the cooperation of all who are concerned with the medical, psychological, social, and legal aspects of mental health and illness; (f) to make psychiatric knowledge available to practitioners of medicine, to scientists, and to the public; (g) to promote the best interests of patients and those actually or potentially making use of mental health services; and (h) to advocate for its members.

Section 1.3 Legal Identity. The Association is organized exclusively as a professional organization not organized for profit, within the meaning of Section 501(c)(6) of the Internal Revenue Code of 1986, as amended. No part of the net earnings of the Association shall inure to the benefit of, or be distributable to, its members, trustees, officers or other private persons, except that the Association shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth herein.

Section 1.4 Credit for Prior Membership. The Former APA is the predecessor membership organization of the Association. Years of active membership in the Former APA shall be credited towards years of active membership in the Association and shall count towards applicable time periods required to qualify for particular membership categories.

Section 1.5 Prior Service as Trustee or Officer. Years of service as a trustee or officer of the Former APA shall be credited towards years of service as a trustee or officer of the Association and shall count towards applicable terms and term limits referred to in the following chapters of these bylaws.

Chapter Two. Members

Section 2.1 Qualifications. There shall be the following categories of membership:

(a) Medical Student Members. Medical Student Members shall be physicians-in-training who are enrolled in a school of medicine, including schools of osteopathic medicine. Years as a Medical Student Member shall not count toward eligibility for Life Membership or Life Fellowship. Membership in a District Branch is not required for Medical Student Members.

(b) Resident-Fellow Members (formerly Members-in-Training). Resident-Fellow Members shall be physicians who have been accepted into an approved psychiatric residency training program. Resident-Fellow Member status shall not exceed six years, and upon completion of approved residency training, Resident-Fellow Members shall be advanced to General Membership.

(c) Associate Members. Associate Members shall be physicians who have completed at least one year of acceptable full-time training or experience in psychiatry, and who were granted Associate Membership status in the Former APA by December 1989, but are not eligible for Resident-Fellow Member or General Membership categories. Associate Members must either have a valid license to practice medicine or hold an academic, research, or governmental position that does not require licensure.

(d) General Members. General Members shall be physicians who have completed acceptable training and who have either a valid license to practice medicine or hold an academic, research, or governmental position that does not require licensure.

(e) Fellows. To become a Fellow, a General Member must (i) be certified by the ABPN, RCPS(C), or AOA, and (ii) have the concurrence of the Membership
Committee after providing a 30-day comment period for District branches. Fellows must have either a valid license to practice medicine or hold an academic, research or governmental position that does not require licensure. The criteria and procedures for selection and nomination of General Members for Fellowship shall be established by the Board and the Membership Committee and shall apply uniformly for all District Branches.

(f) Distinguished Fellows. Distinguished Fellows shall have been General Members or Fellows for at least eight consecutive years and shall have made a significant contribution to the field of psychiatry. At its discretion the Board, upon recommendation of the Membership Committee, may waive the requirements for eight consecutive years as a General Member or Fellow. Distinguished Fellows need not have been Fellows first. The criteria and procedures for selection and nomination of General Members or Fellows for Distinguished Fellowship shall be established by the Board and the Membership Committee and shall apply uniformly for all District Branches.

(g) Honorary Fellows. Honorary Fellows shall be physicians or others who have rendered signal service in the promotion of mental health and psychiatry.

(h) Life Status. Life Associate Members, Life Members, Life Fellows, and Distinguished Life Fellows shall be those in their respective categories whose years of active membership in the Association plus age at the start of the fiscal year shall equal 95.

(i) International Status. International Distinguished Fellows, International Fellows, and International Members shall be licensed physicians who have completed an acceptable program of training in psychiatry and who would otherwise be qualified for membership. They shall be physicians living outside the jurisdiction of the Association or permanently residing outside the jurisdiction of a District Branch but within the jurisdiction of the Association. Membership in a District Branch is not required for International Distinguished Fellows, International Fellows, and International Members.

Section 2.2 Voting. Members with voting rights are Resident-Fellow Members, General Members, Fellows, Distinguished Fellows, Life Members, Life Fellows, and Distinguished Life Fellows. All other categories of membership are non-voting.

Section 2.3 Applications. Applications for membership in the Association and, where required, the appropriate District Branch shall be made in accordance with procedures established from time to time by the Board through the Membership Committee.

Section 2.4 Residence. Residence in a country of North America, Central America, the Caribbean Islands or a dependency of such is required to qualify for a category of voting membership.

Section 2.5 Good Standing. No person, except as exempted by the Board or as otherwise provided in these bylaws, shall become or remain a member of the Association unless that person is a member of a District Branch and participates in continuing education according to the standards of the Association.

Section 2.6 Transfer and Advancement. Procedures for transfer of membership between District Branches and for advancement of membership shall be established from time to time by the Board. In the event of such a transfer or advancement being denied, an appeal shall be conducted in accordance with procedures to be established from time to time by the Board.

Section 2.7 Dues. Every Distinguished Fellow, Fellow, General Member, Associate Member and Resident-Fellow Member shall pay both dues and assessments as determined by the Board and the District Branches. International Distinguished Fellows and International Members shall pay annual membership dues as determined by the Board. Medical Student Members shall pay a one-time, national membership dues. Distinguished Life Fellows, Life Fellows, Life Members, and Life Associate Members who achieved Life status in the Former APA in 1993 or later shall pay two-thirds of the highest dues rate during the first five years after reaching Life status, and one-third of the highest dues rate for the second five years. Thereafter, Distinguished Life Fellows, Life Fellows, Life Members, and Life Associate Members shall be exempt from paying dues. All other categories of membership, including those who reached Life status in the Former APA prior to 1993, shall be exempt from paying dues and assessments to both the Association and the District Branches.

Section 2.8 Inactive Status and Dues Waiver. The Board in its sole discretion may place members in any category in inactive status, excuse payment of dues, and waive or reduce dues of members. Inactive members shall not receive credit toward the number of years of active membership required for Life status for those years of inactive status. Active members shall receive credit toward the number of years of active membership required for Life status for those years the members are in the dues waiver or reduction status.

Section 2.9 Termination of Privilege of Membership. Membership in the Association is a privilege and not a right. The Board may, in its sole discretion, terminate, suspend, or otherwise limit or modify a membership for cause (including without limitation, nonpayment of dues, ethical
violations, unprofessional or illegal conduct or other actions that the Board determines are injurious to the Association or its reputation). Any appeals from membership termination shall be taken in accordance with the procedures of the Association, including applicable time limitations.

Chapter Three. Board of Trustees

Section 3.1 Number. The voting members of the Board shall consist of the four officers of the Association, its three immediate Past Presidents, the Speaker, the Speaker-Elect of the Assembly, an Early Career Psychiatrist Trustee elected at large, a Trustee elected at large, a Minority/Underrepresented Representative Trustee elected by minority/underrepresented caucus members, a Resident-Fellow Member Trustee elected by Resident-Fellow Members, and one Area Trustee from each Area designated by the Assembly. A Resident-Fellow Member Trustee-Elect, elected by Resident-Fellow Members, shall serve for a one-year term without a vote. After serving a three-year term as voting members of the Board, Past Presidents who were elected President of the Former APA prior to the year 2000 shall continue as members of the Board without a vote.

Section 3.2 Nominating Procedures. All nominees must be voting members in good standing. Area Trustees are elected by a simple majority of the votes cast by voting members for such positions. The Nominating Committee shall report its nominations to the Board by November 1 for immediate dissemination to the members. Nominating petitions must be filed with the Secretary by November 15 for the nominee to be included on the ballot for the following year. Campaign materials for publication in Psychiatric News are due by this deadline from all candidates.

Section 3.3 Area Trustees. Candidates for Area Trustee shall be nominated either (a) by procedures established by the Assembly; or (b) by a petition signed by 100 or more members of the relevant Area who are eligible to vote. Nominating petitions and campaign materials must be submitted in accordance with the procedures set forth in Section 3.2. Area Trustees are eligible for election to two three-year terms. Following two full terms, Area Trustees become eligible for election again only after an interval of three years.

Section 3.4 Trustee-at-Large. Candidates for Trustee-at-Large shall be nominated either (a) by the Nominating Committee, which shall nominate at least two candidates for each position to be filled; or (b) by a petition signed by 400 or more members eligible to vote. Nominating petitions and campaign materials must be submitted in accordance with the procedures set forth in Section 3.2. The Trustee-at-Large is eligible to two two-year terms.

Section 3.5 Early Career Psychiatrist Trustee. Candidates for Early Career Psychiatrist Trustee must be Early Career Psychiatrists and shall be nominated either (a) by the Nominating Committee, which shall nominate at least two candidates for each position due to be filled; or (b) by a petition signed by 400 or more members eligible to vote. Nominating petitions and campaign materials must be submitted in accordance with the procedures set forth in Section 3.2. The Early Career Psychiatrist Trustee is eligible for election to one three-year term.

Section 3.6 Minority/Underrepresented Representative Trustee. Candidates for Minority/Underrepresented Trustee must belong to their respective caucus by June 15 and shall be nominated by caucus vetting panels. Each vetting panel shall submit no more than one candidate to the Assembly Committee of Representatives of Minority/Underrepresented Groups. The Assembly Committee of Representatives of Minority/Underrepresented Groups shall submit two candidates and one alternate to the Nominating Committee by September 15. The Minority/Underrepresented Representative Trustee is eligible to two two-year terms.

Section 3.7 Resident-Fellow Member Trustee. Candidates for Resident-Fellow Member Trustee and Resident-Fellow Member Trustee-Elect must be Resident-Fellow Members and shall be nominated either (a) by the Nominating Committee; or (b) by a petition signed by 100 or more Resident-Fellow Members. Nominating petitions and campaign materials must be submitted in accordance with the procedures set forth in Section 3.2. The Resident-Fellow Member Trustee is elected for a one-year term. The Resident-Fellow Member Trustee-Elect shall automatically advance to the position of Resident-Fellow Member Trustee at the end of a year. The Resident-Fellow Member Trustee may not be elected to more than one term as such.

Section 3.8 Quorum; Action. A majority of the voting members of the Board shall constitute a quorum and, unless otherwise provided in these bylaws, the act of a majority of the voting members present at any meeting at which there is a quorum shall be the act of the Board.

Section 3.9 Meetings. The Board shall meet during the time of the annual meeting of the Association and at such other times as the President may decide. Trustees are expected to participate in meetings in person, or at the discretion of the President, by audio, visual or other means through which the Trustee can hear and participate in discussion and have access to written and visual materials. Other than as necessary under Section 3.10 and as provided in Section 5.4, the Board shall not act without a meeting. By petition, one-third of its voting members may call a special meeting of the Board.
Section 3.10 Emergencies. The Board may act in an emergency without a quorum and without a meeting to preserve the assets of the Association if the emergency makes it not feasible to have a quorum or meeting and attempt was made to convene a quorum and meeting of the Board. Emergency situations include but are not limited to such things as terrorist attacks, natural and manmade disasters and the like that require immediate action to preserve the assets of the Association.

Section 3.11 Function and Responsibilities. The Board shall manage the affairs of the Association and shall formulate and implement the policies of the Association. The responsibilities of the Board shall include:

(a) Interpreting the provisions of the Articles of Incorporation and bylaws.

(b) Presenting an annual report on the finances of the Association to the business session of the annual meeting.

(c) Establishing dues and assessments for the several categories of membership.

(d) Controlling the funds of the Association and designating its depositories.

(e) Authorizing expenditures from the funds of the Association to implement its goals and purposes.

(f) Administering special funds, grants, and awards.

(g) Acting upon matters referred from the Assembly.

(h) Providing for the production of other publications useful in carrying out the aims of the Association.

(i) Selecting a Medical Director who shall be the Chief Executive Officer of the Association.

(j) Authorizing and, where appropriate, approving the appointment of administrative staff personnel under the immediate authority of the Medical Director to assist in carrying out the purposes and resolutions of the Association.

(k) Appointing and employing professional auditors and others to assist in carrying out the purposes and resolutions of the Association.

(l) Establishing salaries for the Medical Director and staff and determining compensation for services rendered or to be rendered by others.

(m) Preparing an Operations Manual as a guide to the implementation of the purposes and resolutions of the Association.

(n) Dissolving or modifying any council, committee, or other appointed organizational entity.

(o) Performing all other acts consistent with the Articles of Incorporation and bylaws that may be needed to carry out the purposes and resolutions of the Association.

Section 3.12 Attendance. Attendance at meetings of the Board of Trustees, councils, committees, boards, and all other organizational components of the Association shall be open to all members of the Association except for the meetings of the Ethics Committee. The Board of Trustees and all other organizational components of the Association may go into executive session.

Section 3.13 Review of Contested Corporate Action. Any member in good standing whose status or rights as a member of the Association is or may be affected by the actions of the Association may within 20 days upon receipt of written notice of action petition in writing the Executive Committee of the Board. For actions where written notice is not provided to a member, the member may petition the Executive Committee of the Board to review the validity of the corporate action within 20 days of when actions become public. The Executive Committee shall review the petition, determine whether the action is in compliance with the bylaws, articles of incorporation, and policies of the Association and render a decision on the petition within 14 business days of its receipt. In the event that the challenged action was an action passed by the Executive Committee, the petition shall be reviewed by the Board of Trustees at the next scheduled meeting. The Board’s decision on the matter shall be final.

Chapter Four. Officers

Section 4.1 Officers Designated. The officers of the Association shall include a President, a President-Elect, a Secretary, a Treasurer, and such other officers and assistant officers as the Board of Trustees may from time to time determine. No two offices may be held by the same person.

Section 4.2 President. The President shall carry out all orders and resolutions as specified by the Board and the membership. The President shall preside at all general meetings of the Association, and at all meetings of the Board.

Section 4.3 Secretary. The Secretary shall keep the records of the Association and perform all duties
prescribed herein and those delegated by the Board.

Section 4.4 **Treasurer.** The Treasurer or his or her authorized agents shall receive, disburse, account for, and manage all monies of the Association under the general direction of the Board. The Treasurer shall submit a financial statement each year to the Board and to the Assembly at the annual meeting. The Treasurer and his or her authorized agents shall be bonded in an amount to be determined by the Board.

Section 4.5 **Assumption of Office.** Except as provided in Section 4.9, Part (b), the President-Elect shall assume the office of President during the annual meeting. All other officers and newly elected trustees of the Association shall assume their responsibilities at the same time.

Section 4.6 **Terms and Term Limits.** The President (including those who held such offices in the Former APA) are ineligible for re-election to the same office. The President shall hold office for one year, except as provided in Section 4.9.a. The Secretary and Treasurer shall be elected in alternate years. The term of office of the Secretary or Treasurer shall be no more than two, consecutive two-year terms.

Section 4.7 **Nomination and Election.** Candidates for officers shall be nominated either (a) by the Nominating Committee; or (b) by a petition signed by 400 or more members eligible to vote. Nominating petitions and campaign materials must be submitted in accordance with the procedures set forth in Section 3.2. Officers are elected by a simple majority of the votes cast by voting members for each office.

Section 4.8 **Recall.** Any officer or elected trustee may be recalled from office through the following mechanism:

(a) **Petition.** A petition for recall shall be signed by two percent of the eligible voting members with no more than one-third of these members from a single District Branch. When the petition for recall applies to an Area Trustee, two percent of the members eligible to vote in the Area represented by that Area Trustee must sign the petition.

(b) **Ballot.** The petition must be filed with the Secretary who will validate the petition and submit the recall ballot to the membership within 30 days of the receipt of the petition.

(c) **Count.** Within 30 days after the recall ballot is distributed, the votes will be tallied by the Tellers Committee.

(d) **Vote.** For such a recall vote to be considered valid, at least 40 percent of the eligible voting membership must vote. If at least two-thirds of the votes are in favor of recall of the officer or trustee, the position must be considered vacant at the time the results are received by the Board.

(e) **Removal of Officer or Trustee for Cause by Board.** Any Trustee may petition the President to remove any other Officer or Trustee for cause (including without limitation, incompetency, violation of ethics, unprofessional or illegal conduct, non-performance of duties, breach of fiduciary duty, or other actions injurious to the Association or its reputation) by providing the President (or President-Elect if the President is the subject of the petition) with a written petition requesting removal and stating in detail the basis for the petition and providing evidence in support of the petition. The President (President-Elect if necessary) shall investigate or initiate the investigation of the allegations. Upon finding a cause, the Board may remove the Officer or Trustee from office if two-thirds of the voting members present vote in favor of the removal of the Officer or Trustee.

Section 4.9 **Filling of Vacancies.** Vacancies among the officers and the elected trustees shall be filled as follows:

(a) **President.** If the President becomes unable to function because of absence or illness, the President-Elect shall act for the President. In the event of the resignation or death of the President, the President-Elect becomes President for the remainder of the vacant term and then serves his or her own term.

(b) **President-Elect.** If the position of President-Elect becomes vacant during the term, the Immediate Past President shall assume the responsibilities of the President-Elect. Should this vacancy occur by September 15, the office of the President shall be included in the next scheduled election. Should this vacancy occur after September 15, a special election shall be held for the office of the President. The Immediate Past President shall not assume the office of the President at the next annual meeting.

(c) **Other Vacancies.** In the event of any other vacancy, the Board shall select any voting member of the Association to fill the vacancy for the remainder of the term.

**Chapter Five. Councils, Committees, Boards, and Other Organizational Entities**

Section 5.1 **Executive Committee.** There shall be an Executive Committee, which shall consist of six voting members and one non-voting member, who shall be the Medical Director. The six voting members shall be the four officers of the Association, the Immediate Past President, and the Speaker of the Assembly. The chair of the Executive
Committee shall be the President, who shall preside at all meetings. In the absence of the President, or in the event of a conflict of interest, the President-Elect shall act as chair. The Executive Committee shall appoint a secretary (who need not be a member of the Executive Committee) who shall keep its records and who shall hold office at the pleasure of the Executive Committee. The secretary shall keep regular minutes of the proceedings of the Executive Committee and shall report the same to the Board of Trustees at its next meeting for appropriate action.

Section 5.2 Authority of Executive Committee. Except as set forth in this Section 5.2, the Executive Committee, to the extent provided by resolution of the Board of Trustees, shall have and may exercise all the powers and authority of the Board of Trustees in the management of the business and affairs of the Association; provided that the designation of any such Executive Committee and the delegation thereto of authority shall not operate to relieve the Board of Trustees, or any member thereof, of any responsibility imposed upon the Board or any director by law. The Executive Committee shall not have the power or authority to adopt an agreement of merger or consolidation, recommend to the members the sale, lease or exchange of all or substantially all of the Association’s property and assets, recommend to the members a dissolution of the Association or a revocation of a dissolution, amend these bylaws or propose to the members an amendment to these bylaws or the Articles of Incorporation.

Section 5.3 Regular and Special Meetings; Quorum; Voting. Regular meetings of the Executive Committee may be held without notice and shall be held at such times and places (or by telephone as provided in Section 5.4) as the Executive Committee may from time to time determine in advance. Special meetings may be held without notice. Unless otherwise ordered by the Executive Committee, special meetings shall be held at any time and place (or by telephone as provided in Section 5.4) at the call of the President. At any regular or special meeting a majority of the members of the Executive Committee shall constitute a quorum and the act of the majority of the Executive Committee members present (in person or by telephone) at a meeting at which there is a quorum shall be the act of the Committee.

Section 5.4 Telephone Meetings; Action Without Meeting. Members of the Executive Committee may participate in a meeting of such committee by means of conference telephone or similar communications equipment by means of which all persons participating in the meeting can hear each other, and such participation shall constitute presence in person at such meeting. Any action required or permitted to be taken at any meeting of the Executive Committee may be taken without a meeting if all members of the Executive Committee consent thereto in writing and the writing or writings are filed with the minutes of proceedings of the Executive Committee.

Section 5.5 Identification of Standing Committees; Designation. There shall be the following standing committees that are advisory to the Board: Ethics, Membership, Nominating, Bylaws, Finance and Budget, Tellers, Elections and Joint Reference. The functions and procedures of such standing committees shall be established from time to time by the Board and published in the Operations Manual. The Board, upon the recommendation of the President, shall establish or eliminate such other committees, councils, commissions, boards and other special organizational entities as it deems appropriate to implement the objectives of the Association. The Board, upon the recommendation of the President, shall designate the chairperson and members of each standing committee and each other committee, council, commission, board or other organizational entity from among the voting members of the Association.

Section 5.6 Ad Hoc Committees. Ad hoc committees, when appointed, shall act through the next annual meeting.

Section 5.7 Authority. No committee, council, commission, board or other organizational entity of the Association, other than the Executive Committee, shall exercise the authority of the Board of Trustees in the management of the Association.

Section 5.8 Nominating Committee. The Nominating Committee shall be comprised of a representative from each geographical area of the Assembly and a representative from Minority/Underrepresented groups plus a chairperson. Each Area Council and the Assembly Committee on Minority and Underrepresented Groups shall propose at least three candidates apiece, and the Board, upon the recommendation of the President, shall appoint the members from among the candidates.

Section 5.9 Councils. Each council shall have authority to create and eliminate informal work groups and to act, subject to the approval of the Board, within its area of interest to implement the objectives of the Association.

Section 5.10 Joint Reference Committee. The Joint Reference Committee shall act upon the concerns of the several councils and commissions and refer matters from the councils and commissions to the Board and/or the Assembly and from the Board or Assembly to them. It shall be comprised of the President-Elect, who shall be the chairperson; the Speaker-Elect of the Assembly, who shall be vice-chairperson; two members of the Board of Trustees; two members of the Assembly; and the Medical Director. Ex-officio non-voting members shall be the chairpersons of the councils and commissions.
Chapter Six. The Assembly And The District Branches

Section 6.1 Assembly. There shall be an Assembly of the Association whose voting members shall be elected and shall include at least (a) one representative from each District Branch, and (b) an Executive Committee including Area Representatives and Assembly officers.

Section 6.2 Procedural Code. The Assembly shall govern itself by its procedural code in a manner consistent with the Articles of Incorporation and bylaws of the Association.

Section 6.3 District Branches. District Branches shall be established, continued, or dissolved according to the procedural code of the Assembly.

Section 6.4 Areas. The Assembly shall group contiguous District Branches into Areas, not exceeding a total of ten Areas, from which Area Trustees shall be elected under the provisions of Chapter Three, Section 3.3 of the bylaws.

Section 6.5 Officers of Assembly. The officers of the Assembly shall be the Speaker, Speaker-Elect, and Recorder. The Speaker shall be the presiding officer at the Assembly.

Chapter Seven. Ethics Complaints And Disciplinary Procedures

Section 7.1 Code of Ethics. All members of the Association shall be bound by the ethical code of the medical profession, specifically defined in the Principles of Medical Ethics of the American Medical Association and in the Association’s Principles of Medical Ethics With Annotations Especially Applicable to Psychiatry.

Section 7.2 Ethics Complaints. Complaints charging members of the Association with unethical behavior or practices shall be investigated, processed, and resolved in accordance with procedures approved by the Assembly and the Board. The name of a member who resigns during an ethics investigation will be reported to the membership.

Section 7.3 Ethics Violation. If a complaint of unethical behavior against a member is sustained, the member shall receive a sanction ranging from reprimand to expulsion. The name of a member who is suspended for an ethics violation will be reported to the membership with an explanation of the nature of the violation. Any decision to expel a member must be approved by a two-thirds affirmative vote of all members of the Board present and voting. The name of a member who is expelled for an ethics violation will be reported to the membership with an explanation of the nature of the violation.

Chapter Eight. Voting By Members

Section 8.1 Vote. Each voting member shall have one vote. Votes may not be cast by proxy.

Section 8.2 Ballot. Except as otherwise provided in these bylaws, all voting by members shall be by confidential ballot conducted by mail or such other means as determined by the Board from time to time.

Section 8.3 Voting Procedures. An Elections Committee consisting of four members shall be responsible, with the approval of the Board, for establishing procedures for voting of the membership.

Section 8.4 Member Referendum. The voting members may initiate referenda or change an action of the Board by submitting a petition signed by at least 500 voting members to the Secretary by October !5 to be voted on in the next annual ballot. Additional procedural requirements for the petition are contained in the Operations Manual of the Association. The adoption of a referendum shall require (a) valid ballots from at least 40 percent of the voting members, (b) the affirmative vote of at least one-third of all the voting members of the Association, and (c) the affirmative vote of a majority of those members who return a valid ballot. A referendum overturning an action of the Board shall be binding, except that the action may be reinstated by a two-thirds affirmative vote of the members of the Board eligible to vote and by a two-thirds affirmative vote of the members of the Assembly Executive Committee eligible to vote. A Board action to reinstate may be taken only at a regularly scheduled meeting occurring no sooner than one month after the meeting at which the referendum was certified. Certified referenda other than those overturning an action of the Board must be acted on by the Board with all deliberate speed.

Chapter Nine. Annual Business Meeting

Section 9.1 Annual Meeting. An annual meeting of all the members of the Association shall be held at such time and place as may be determined by the Board of Trustees, provided that the time and place of such meeting shall be announced not less than ten days prior to the meeting.

Section 9.2 Business Meeting. The Annual Business Meeting shall be held within six months following the end of the fiscal year at such time and place determined by the Board of Trustees. At a previously announced time during the annual meeting, the President of the Association shall convene a business meeting for voting members only composed of two consecutive sessions: (1) a presentation of a report of the actions of the Board and the reports of the Speaker of the Assembly, the CEO/and Medical Director, the Secretary, the Treasurer, and the chairpersons
of the councils and standing committees; and (2) an annual forum for all voting members. Only voting members of the Association may attend this business meeting.

Section 9.3  **Annual Forum.** After the conclusion of the first session of the business meeting, at a reasonable point within the time allotted for the business meeting as a whole, the President shall convene the annual forum session of the business meeting for all the voting members.

Section 9.4  **Special Meeting.** The Board of Trustees may call a special meeting of the members. Upon written demand to the Board setting out the purpose of a meeting and signed by at least 20% of the members eligible to vote, the Association will hold a special meeting at APA headquarters or such other venue as the Board of Trustees determines is practicable to conduct the business described in the demand.

Section 9.5  **Use of Technology.** Annual business meetings and special business meetings, at the discretion of the Board of Trustees may be held via means of electronic communications technology that provides the opportunity to read or hear and participate in the proceedings substantially concurrent with their occurrence.

**Chapter Ten. Seal**

The Association shall have a Corporate Seal upon which shall be inscribed the name of the Association, the year of its organization, and the words “Corporate Seal, District of Columbia.” The Association may alter the seal and prescribe its use.

**Chapter Eleven. Amendments Of The Bylaws And Articles Of Incorporation**

Section 11.1  **Amendment of Bylaws.** These bylaws may be altered, amended or repealed, and new bylaws made, by the Board of Trustees or by the members of the Association with voting rights, who may make additional bylaws and may alter, amend and repeal any bylaws, whether such bylaws were adopted by the members or the Board of Trustees.

Section 11.2  **Amendments by the Board of Trustees.** Amendments to the bylaws by the Board of Trustees require (1) the approval of a two-thirds majority of the voting members of the Board present at a meeting at which a quorum is present, and (2) subsequent ratification by a two-thirds vote by strength of Assembly members present at a meeting at which a quorum is present. If action is required before the next Assembly meeting, the amendment may be ratified by a two-thirds vote of the Assembly Executive Committee (AEC) at a meeting at which a quorum participates, provided that if any such amendment is not ratified by the Assembly at its next meeting, it will not be effective after the Assembly vote. The entire membership shall be notified of any amendments so adopted as soon as practical after approval by the Board and ratification by the Assembly.

Section 11.3  **Proposals for Amendments by the Members.** Proposals for amendments to the bylaws by the members may originate either by resolution of the Board of Trustees or by a petition signed by 200 or more voting members. Any such petition must be received by the Secretary by October 15 of the year prior to the year in which it will be voted on.

Section 11.4  **Approval by Members.** A proposed amendment to the bylaws originating by resolution of the Board of Trustees or by petition as provided in Section 11.3 shall be disseminated to the entire membership not later than January 3 of the year in which it will be voted on. The proposed amendment shall be voted on by the eligible voting membership in the next annual ballot. Approval by a majority of at least 33 1/3 percent of the eligible voting members of the Association shall be required for adoption of the proposed amendment. If adopted, the amendment shall become effective upon certification by the Committee of Tellers to the Board unless a later effective date is specified on the ballot.

Section 11.5  **Amendment of Articles.** Proposals for amendments to the Articles of Incorporation shall originate by resolution of the Board of Trustees. A proposed amendment shall be disseminated to the entire membership not later than January 3 of the year in which it will be voted on. The proposed amendment shall be voted on by the eligible voting membership in the next annual ballot. Approval by two-thirds of at least 33 1/3 percent of the eligible voting members of the Association shall be required for adoption of the proposed amendment. Approval of the amendment shall be certified by the Committee of Tellers. The amendment shall become effective upon the issue of a Certificate of Amendment pursuant to District of Columbia law.

**Chapter Twelve. Indemnification of Officers and Trustees**

Section 12  **Indemnification of Officers and Trustees.** The Association will indemnify, defend and hold harmless its Officers and Trustees, paid and unpaid, from any and all liability, including all expenses, legal fees and costs associated with any claim arising out of their position with the Association or damages resulting from their actions on behalf of the Association while serving as an Officer or Trustee. Officers and Trustees of the Association shall have no liability to the corporation or to the members for money damages for actions or failures to act as an officer or director. This provision shall not apply if the liability results from intentional infliction of harm, an intentional violation
of criminal law, or receipt of a financial benefit to which the Trustee or Officer is not entitled. This provision is intended to provide the broadest indemnification and reimbursement permitted under the law.

CERTIFICATE

I, Maria A. Oquendo, M.D., Secretary of the American Psychiatric Association, certify that the foregoing is a true copy of the current bylaws of the Association as amended by the Board on October 13, 2013 and ratified by the Assembly on November 10, 2013, effective November 10, 2013.
APPENDIX C: PROCEDURAL CODE OF THE ASSEMBLY OF THE AMERICAN PSYCHIATRIC ASSOCIATION

ARTICLE I: THE ASSEMBLY

1. Authority
   The powers and responsibilities of the Assembly are defined by the Bylaws of the American Psychiatric Association.

2. Purpose
   The Assembly of the American Psychiatric Association is a deliberative body which recommends action to the Board of Trustees. The Assembly is composed of representatives elected from the district branches; representatives of other groups of members; and the Assembly officers.

   a. The Assembly establishes and supports forums for discussion of the issues facing our profession. These forums include the District Branch, State Associations, Area Councils, Reference Committees, the special groups identified by the Assembly, and the Assembly meeting as a whole.
   b. The Assembly receives reports from the President of the APA, the Treasurer, the CEO and Medical Director, the chair of the APA delegation to the AMA, and others.
   c. District Branches of the APA are established, continued, or dissolved by The Assembly. (see Bylaws - District Branches shall be established, continued, or dissolved according to the procedural code of the Assembly.)
   d. The Assembly shares responsibility with the Board for developing and reviewing official Position Statements of the Association.
   e. The Assembly establishes awards for outstanding contributions and selects recipients.
   f. The Assembly has a formal process for leadership development and provides opportunities for representatives to the Assembly to exercise those skills.
   g. The Assembly, representing the members, can ratify proposed amendments to the by-laws of the Association. (bylaws 11.2)
   h. The Assembly reviews and endorses Practice Guidelines developed by the Association.

3. Composition
   The Assembly shall be composed of Representatives selected by the District Branches/State Associations; a Representative and Deputy Representative from each Minority/Underrepresented Group; a Resident-Fellow Member (formerly Member-in-Training) Representative and Deputy Representative from each Area; an Early Career Psychiatrist Representative and Deputy Representative from each Area; a Representative from each Assembly Allied Organization and Section; two non-voting Minority Fellows; and the Assembly Executive Committee. Representatives of the Assembly may only be voting representatives of one organization or entity as an Assembly member. In addition, members of the Board of Trustees may not concurrently serve as a regular District Branch, ACROSS, Early Career Psychiatrist, Minority and Underrepresented Group or Resident-Fellow Member Representative or Deputy Representative. A member of the Board of Trustees may serve as an Alternate Representative on a case by case basis (but not permanent), as authorized by the Recorder. Further, an Area Representative or Deputy Representative may not concurrently serve as a District Branch Representative. Representatives of the Assembly may only be voting representatives of one organization or entity as an Assembly member.

   District Branch Representatives are eligible to be apportioned according to the following formula, except that for states with more than one district branch will have 1 Representative for District Branches with 450 or less:

<table>
<thead>
<tr>
<th>Numbers of Voting</th>
<th>Members Reps.</th>
</tr>
</thead>
<tbody>
<tr>
<td>450 or less</td>
<td>2</td>
</tr>
<tr>
<td>451-900</td>
<td>3</td>
</tr>
<tr>
<td>901-1350</td>
<td>4</td>
</tr>
<tr>
<td>1351-1800</td>
<td>5</td>
</tr>
<tr>
<td>1801 or more</td>
<td>6</td>
</tr>
</tbody>
</table>
4. Voting

a. Voting members of the Assembly include the duly elected Representatives of a District Branch and each Officer of the Assembly, the two immediate Past Speakers, each Area Representative and each Deputy Area Representative, each Representative and each Deputy Representative from Minority/Underrepresented Groups, each Area Resident-Fellow Member Representative and each Deputy Area Resident-Fellow Member Representative, each Area Early Career Psychiatrist Representative and each Area Early Career Psychiatrist Deputy Representative, and each ACROSS Liaison. If either the Representative or the Deputy is absent, a duly appointed and certified replacement shall have voting privileges. If both the Representative and Deputy are absent, or if there is no Deputy, duly appointed and certified replacements shall have these privileges.

b. For the ordinary conduct of business, voting may be by voice vote or by standing vote. Voting shall be restricted to the voting members of the Assembly.

c. Votes by Strength. On those occasions when the issue seems in doubt, and other methods of voting seem not to reflect the will of the membership, a vote by strength may be used. Votes by strength shall be initiated if called for by at least 6 voting members from at least 2 Areas of the Assembly representing State Associations, or the District Branches of Western Canada, Ontario, Quebec & Eastern Canada, Puerto Rico, the Washington Psychiatric Society and the Society of Uniformed Services (hereby referred to as groups in this article.) Each of the groups’ voting strength is based upon its membership. The total number of votes to which a group is entitled shall be determined by a report from the APA membership database run the last working day in December of each year. These numbers will take effect at the end of the subsequent May Assembly and be in effect through the next May Assembly meeting. Additionally, each Officer of the Assembly, the two immediate Past Speakers, each Area Representative and each Deputy Area Representative, each Representative and each Deputy Representative from Minority/Underrepresented Groups, each Area Resident-Fellow Member Representative and Deputy Representative, each Area Early Career Psychiatrist Representative and Deputy Representative, and each ACROSS Liaison shall have one vote.

Every group can be fully represented in votes by strength so long as any one Representative or a Deputy Representative is present at the Assembly. All group Representatives are authorized to apportion the votes they cast according to instructions from the group or their assessment of prevailing opinion in their group. When more than one Representative is elected from a group, the Secretary of that group may inform the Recorder of the Assembly of the number of votes each Representative is authorized to cast for the group.

5. Meetings

a. Frequency. There shall be at least two meetings of the Assembly annually. The Annual Meeting shall be at the time and place of the Annual Meeting of the Association; the other shall be a Fall Meeting at the time and place designated by the Assembly. The interval between the Fall APA Component Meetings and the Fall Assembly will be at least four weeks to allow adequate time for reproduction and distribution of reports prior to the convening of the Assembly.

b. Special Meetings. The Speaker may opt to call a special meeting of the Assembly whenever the business of the Assembly requires it. The Speaker shall call a special meeting of the Assembly upon the request of any ten voting members of the Assembly Executive Committee, or in response to a request of one-fourth or more of the members of the Assembly.

c. Quorum. A quorum of the Assembly shall consist of one-third of the Representatives or Deputies acting as Representatives, provided they represent at least 50% of the voting strength of the full Assembly.

d. Attendance. Any person in attendance at any meeting of the Assembly will be one of these classes:
   - Officers
   - Executive Committee
   - Members (Representatives and Deputy Representatives)
   - Privileged Guests
   - Observers
   - Staff Personnel
e. **Privileged Guests.** Privileged guests are those invited by the Speaker or a majority of the Assembly. Privileged guests shall have the privilege of the floor (the right to discuss a matter when recognized by the chair, but not the right to vote.)

f. **Observers.** Observers are those in attendance at a meeting who are not classified as members, staff persons or privileged guests. The Assembly may grant observers floor privileges and the right to address the Assembly.

g. **Staff.** Staff personnel are those staff, reporters and employees of the American Psychiatric Association and District Branches or of the Assembly attending meetings in their official capacities.

h. **Executive Sessions.** The Speaker, in consultation with legal counsel, may determine that full and proper discussion of a report or action is likely to involve the exchange of confidential and highly sensitive information and legal advice with counsel may lead to exposure for the membership. In such cases, the Speaker shall determine that the report or action should be considered in executive session. In order to preserve and protect the client-attorney privilege for the Assembly and its membership, the Speaker shall refer any such report or action to the Assembly Executive Committee for consideration in executive session. The Assembly Executive Committee may review the Speaker’s decision and reverse the referral, returning the matter to the full Assembly. If the Assembly Executive Committee proceeds to consider the matter in executive session, at its next meeting the Assembly Executive Committee may review the matter and vote to return it to the full Assembly for consideration.

6. **Order of Business**

a. At each meeting the order of business shall include, but not be limited to, the following:

   - Call to Order
   - Roll Call
   - Statement of Recorder Regarding a Quorum
   - Minutes
   - Reports
   - Action Papers
   - Unfinished Business
   - New Business
   - Adjournment

b. Parliamentary procedure shall be governed by *The Standard Code of Parliamentary Procedure by Alice Sturgis*. The Speaker may designate a Parliamentarian to advise and assist the presiding officer in the interpretation of parliamentary procedure. Rulings of the presiding officer will be subject to appeal to the Assembly.

c. **Procedure for Action**

   1) All business of the Assembly will be provided to Representatives at least two full weeks in advance of the meeting. There will be only two exceptions:
      - Reports of some officers and guests; and
      - Reports from Committees and Task Forces that meet just before or during the meeting of the Assembly.

   2) **Special Rules of the Assembly.** The Rules Committee shall be responsible for proposing any special rules for a session of the Assembly.

   3) **Format of Reports.** All reports, as well as action papers will conclude with a specific statement of action requested of the Assembly (e.g., receive the report for information; adopt the report as policy of the Assembly; appoint a task force; refer to a committee, etc.) Since members will already be familiar with the contents of the report when, in its turn, it comes to the floor of the Assembly, the person responsible for the report will not have to read it, or paraphrase it, or summarize it, but will simply move the actions recommended, and these will be open for immediate debate.

   4) Reports of officers and guests will be kept to a minimum and where at all possible will be in writing. The person will be introduced and the contents of his/her report will be open for questions and discussion by the members of the Assembly. Any ensuing action proposals, however, will be treated as New Business.

   5) **Format of Action Papers.** The format for an Assembly action paper includes:
- **Title (Subject):**

- **Whereas Statements Listing Reason for Action:**

  - **Be It Resolved:** (This is a statement of what action the APA should take and who should carry it out. It should include recommended components for action or review, such as the Council on Addiction Psychiatry, the APA/AMA Delegation, the Membership Committee, etc.)

    *N.B.: Action Papers are normally first referred to the Joint Reference Committee before further action. The Assembly Executive Committee and the Speaker of the Assembly have the authority to refer time-sensitive matters directly to the Board of Trustees when necessary. The Assembly can also direct such time-sensitive matters as a referral to the Board of Trustees as a "resolved" in the Action Paper, or after the Action Paper is passed in the form of a separate motion. Whether through a "Be it resolved" or separate motion, the Speaker moves such an Action Paper at the next Board of Trustees meeting.*

- **Author or Authors:** (First listed author must be a member of the Assembly and all authors must be members of the APA)

- **Estimated Cost:**

- **Estimated Savings:**

- **Estimated Revenue Generated:**

- **Endorsed By:** The definition of endorsement is positive support by the reviewing body. Groups limited to District Branches, Area Councils, Committees of the Assembly (M/UR, ECP, RFM (formerly MIT), ACROSS, Public & Community Psychiatry) and the Assembly M/UR caucuses (American Indian, Alaska Native, and Native Hawaiian; Asian-American; Black; Hispanic; International Medical Graduates; Lesbian, Gay & Bisexual; Women) can endorse an action paper.

- **Key words:**

- **APA Strategic Goal:**

- **Reviewed by Relevant APA Component (with attached comments as appropriate):**

  6) The Rules Committee will meet before the Assembly convenes to review all proposals and the reports produced by the Committees and Task Forces since the last Rules Committee meeting. This Committee will make any non-substantive changes necessary in the final form of presentation, and will report these changes at the opening session of the Assembly. Changes made by the Rules Committee will stand unless reversed by a majority floor vote. The Rules Committee will continue its meetings during the Assembly as needed to consider any proposals introduced as New Business.

  7) New Business is defined as any item not included in the previously described agenda. Any New Business must first be presented to the Rules Committee, which will review it as to format and evaluate its importance in the light of time and other business. The Rules Committee may withhold an item from the floor of the Assembly for cause and may assign priorities to those items that it brings to the floor. A reversal of such a recommendation by the Rules Committee will require a two-thirds floor vote. New Business brought to the floor by the Rules Committee will not necessarily be referred to the Area Councils but may be directly opened to the floor for debate.

  8) The Area Councils will meet as often as necessary during the Assembly. All material to be discussed will be ready after the first report of the Rules Committee and can be considered at the first Area Council meetings. Further Area Council meetings or caucuses to conduct Area business may be arranged as needed.

  9) Proposed actions for the Assembly will be reviewed by Area Councils, Reference Committees, or the Committees of Early Career Psychiatrists, Resident-Fellow Members, Minority/Underrepresented Groups, or ACROSS Liaisons according to assignment by the Rules Committee. Each reviewing body will consider its assigned actions items according to its own established procedure and report its recommendation to the Assembly. The recommendation shall be distributed prior to the action being brought to the floor. After the author moves the paper to the floor for consideration the Chair or designee of the reviewing body will report to the Assembly. The reviewing body may recommend that the action be adopted, not adopted, amended or otherwise disposed of.
7. **Officers**

The Officers of the Assembly shall be the Speaker, the Speaker-Elect and a Recorder. All Officers must be elected members of the Assembly at the time of their nomination and election to office.

**a. Duties**

1) The Speaker shall be the presiding officer of the Assembly and shall be responsible for the duties assigned by the Assembly, the Procedural Code and by the Bylaws of the American Psychiatric Association.

2) The Speaker-Elect shall be responsible for the duties assigned or delegated by the Speaker, the Assembly, the Procedural Code, and the Bylaws of the American Psychiatric Association. In the absence of the Speaker, the Speaker-Elect shall be the presiding officer of the Assembly and shall act for the Speaker in all official capacities.

3) The Recorder shall be responsible for the formal call to Assembly meetings, who shall be seated at Assembly meetings, the records of the Assembly and all duties assigned by the Speaker, the Assembly or the Procedural Code.

**b. Term of Office**

The Officers of the Assembly shall hold office for one year. After serving one full term, a Speaker may not be re-elected until after a period of five years.

**c. Election**

1) The Speaker-Elect and the Recorder shall be elected by the Assembly during the Annual Meeting and shall assume office at the close of business at the Annual Meeting.

2) Election shall be by a majority vote of the Assembly. Balloting shall be by secret ballot and in accord with the voting strength of each District Branch. In the event that more than two candidates are nominated for an office, balloting will be by preferential ballot.

3) Pre-election activities for the Assembly shall be simple and informal. Every attempt should be made for Assembly Officer candidates to have fair, timely, and equal access to the Area Councils and Assembly membership.

4) Assembly members' electronic addresses are available to Assembly candidates.

**d. Vacancies.** If the office of the Speaker becomes vacant before the expiration of the term due to illness, resignation, death or recall, the Speaker-Elect shall assume the Speaker's office immediately, serve the unexpired portion of the term assumed, and then serve the subsequent full term as Speaker as is entitled by the earlier election as Speaker-Elect. If the office of Speaker-Elect or Recorder becomes vacant due to illness, resignation, elevation to Speaker, death or recall, the Assembly shall elect a member of the Assembly to fill the unexpired portion of the term of office. Such elections will be held at either a regular or special meeting of the Assembly as determined by the Assembly Executive Committee and shall be conducted as any regular election. The Speaker-Elect who is elected by special election shall succeed to the office of Speaker when the Speaker's full term expires, or earlier if the office becomes vacant.

**e. Recall of Officers.** An action for recall of an officer of the Assembly may be initiated by a petition signed by at least twenty voting members of the Assembly or by a majority of the voting members of the Assembly Executive Committee. The petitioners shall set forth the reasons for initiating the petition. When the petition has been signed, it shall be forwarded to the Recorder for inclusion in the Assembly agenda and a copy shall be provided to the named officer. The petition shall take precedence over any other Assembly business at the next session of the Assembly. Ample time shall be provided for discussion and presentation of evidence. The vote on the petition may be called for by a majority vote of the Assembly. Action to recall shall require an affirmative vote from two-thirds of the Assembly voting by voting strength. If an office is vacated by the recall procedure, it shall be filled in the same manner as any other vacancy.

8. **Executive Committee**

**a. Charge.** The Assembly Executive Committee is charged as follows: 1) to act for the Assembly between Assembly meetings; however, proposed policy statements are to be made only in emergencies when
actions clearly may not be deferred until the next meeting of the Assembly; 2) to promote interests and decisions of the Assembly within the rest of the APA, including evolving strategies and tactics to enhance implementation of Assembly actions by appropriate APA components, and accept action papers referred to the AEC by the Assembly and determine the APA component to which they should be sent; 3) to address APA inter-component affairs of the Assembly, i.e., relations with the Board of Trustees, components, Joint Reference Committee, and CEO and Medical Director’s office; 4) to facilitate Assembly function by advising the Speaker, exchanging information and developing Assembly policies, including assisting the Speaker on planning for Assembly meetings, exchanging important information about arising issues, and developing policies about the Assembly’s function; 5) to study the Assembly and its components and identify issues related to long range planning, addressing emerging issues that go beyond internal structural matters that address the future of the field of psychiatry and the APA; 6) to review the budget of the Assembly, in coordination with APA staff, and make decisions as needed during the fiscal year to assist staff in managing resources; 7) to prioritize passed Assembly action items in accordance with the APA mission and financial feasibility and provide progress updates to the Assembly.

b. **Composition.** The Assembly Executive Committee shall consist of the Speaker; Speaker-Elect; the Recorder; the two immediate Past Speakers; the Area Representatives and Deputy Area Representatives, elected from each geographical area of the American Psychiatric Association (see Appendix 1 for geographical areas), the chair of the Committee of Minority/Underrepresented Groups; the chair of the Committee of Resident-Fellow Member Representatives; the chair of the Committee of Early Career Psychiatrist Representatives; and the chair of the Assembly Committee of Representatives of Subspecialties and Sections. The Parliamentarian and CEO and Medical Director, or representative assigned by the CEO and Medical Director, are members with voice only.

c. **Voting.** Voting members shall include the Assembly Officers, Area Representatives and Deputy Representatives, the chair of the Committee of Minority/Underrepresented Groups, the chair of the Committee of Resident-Fellow Member Representatives, the chair of the Committee of Early Career Psychiatrists Representatives, and the chair of the Assembly Committee of Representatives of Subspecialties and Sections (ACROSS). A Past Speaker shall be a voting member for one year and continue as a non-voting member for an additional one year. The Parliamentarian and the CEO and Medical Director are members with voice only. A quorum of the Executive Committee shall be composed of any thirteen voting members. The AEC shall not vote by strength.

d. **Meetings.** The Assembly Executive Committee will meet as often as may be necessary. Meetings of the Committee may be called by the Speaker or by thirteen or more voting members of the committee. There will be at least four regular meetings each year of the Committee.

e. **Contingency Fund.** The Contingency Fund of the Assembly shall be called the Assembly Executive Committee Contingency Fund, and the AEC will be responsible for disbursement of funds. The fund will be used for operations that enhance or expedite the Assembly’s work and for which the usual APA budget process would not be appropriate, but will not be used to establish new or ongoing components or programs. Disbursement of funds will be authorized by the AEC, as follows: between meetings of the AEC, requests for $2,000 or less will be authorized by the three Assembly officers, and requests for $2,000 or more will be authorized by the AEC via email, mail ballot or telephone conference.

f. **Executive Sessions.** The Assembly Executive Committee may go into executive session when full and proper discussion of a report or action is likely to involve the exchange of confidential and highly sensitive information and/or include legal advice with counsel. In addition, the Committee will go into executive session for consideration of any matter referred to it by the Speaker pursuant to Article I, Section 8 (H). If after initial consideration, the Committee decides that the matter should not be considered in executive session, it will terminate the executive session and refer the matter back to the Speaker and the Assembly.

9. **Committees and Task Forces**

All Assembly Committees and Task Forces shall be chaired by members of the Assembly, and shall report to the Speaker of the Assembly. Permission of the Assembly committee chair is required for an “acting representative”
to substitute for a representative on a committee.

a. Nominating Committee

1) **Composition.** The Assembly Nominating Committee shall be selected in the following manner:
   (a) The chair shall be appointed annually by the Speaker.
   (b) Each of the Area Councils shall elect one Area Selector to this Committee and an Alternate Selector to serve in the Selector’s absence. Such election shall occur in the year following the election of the Area Representative. All such Selectors shall serve for a term of two years. In the event neither the Selector nor the Alternate can act, the Area Representative may fill the vacancy by appointment of a constituent District Branch Representative to serve until the next Annual Meeting when a successor shall be elected in the manner described above.
   (c) The Committee of Minority/Underrepresented Groups, the Committee of Area Resident-Fellow Member Representatives, the Committee of Area Early Career Psychiatrist Representatives, and the Assembly Committee of Representatives of Subspecialties and Sections shall each elect a Selector and Alternate Selector to serve on the Assembly Nominating Committee in a manner comparable to the Area Selectors and Alternate Selectors given above in (b).

2) **Function.** A meeting shall be called at the discretion of the chair to nominate candidates for Assembly office. The Committee’s nominees for the Offices of Speaker-Elect and Recorder shall be announced at the fall meeting of the Assembly, at which time additional candidates may be nominated from the floor. The names of all candidates, accompanied by a brief curriculum vita, shall be circulated to the Assembly for review prior to the Annual Meeting at which the election is to be held.

b. Rules Committee

1) **Composition.** The Assembly Rules Committee shall be selected in the following manner:
   (a) The chair shall be the Past Speaker of the Assembly and appointed annually by the Speaker.
   (b) Each of the Area Councils shall select one of its members and another member as an alternate to this Committee and an alternate. Such selection shall occur in the year following the election of the Area Representative. They shall serve a two year term. In the event neither can serve, the Area Representative may fill the vacancy by appointing of an Area Council member to serve until the next Annual Meeting when a successor shall be selected.
   (c) The Committee of Minority/Underrepresented Groups, the Committee of Area Resident-Fellow Member Representatives, the Committee of Area Early Career Psychiatrist Representatives, and the Assembly Committee of Representatives of Subspecialties and Sections shall each select a representative and alternate representative to serve on the Assembly Rules Committee.

2) **Function.** The Committee shall consider all new business and action papers to be presented to the Assembly, help in preparing such items for presentation, rule on their appropriateness for consideration by the Assembly, and report them to the Assembly.

   The chair of the Rules Committee, in consultation with the Speaker and APA staff, sets the deadline for all action papers prior to each Assembly meeting. The deadline is applicable to all Area Councils and District Branches regardless of their meeting date.

   The Rules Committee may refer directly to other components those action papers that only request information from or convey information to components, bypassing Assembly review. **The Rules Committee may place on the consent calendar those action items that are thought to not require further debate or clarification.** In the event that Committee does not approve presentation of an action paper, a two-thirds vote of the Assembly shall be required to bring it to the floor. The Rules Committee shall be strict in their approval of new business, reserved for urgent business that cannot wait until the next meeting of the Assembly or Assembly Executive Committee.

c. Committee on Procedures

1) **Composition.** The Committee shall consist of one Assembly member from each Area, plus one member each from the Minority/Underrepresented, Resident-Fellow Member, Early Career Psychiatrist, and ACROSS Liaison Representatives. The members representing Areas shall have staggered three-year terms. Members representing special groups shall have one to three year terms. Each member must
retain Assembly membership. The Speaker shall appoint replacement members if and as vacancies arise during that Speaker's term of office and shall appoint the chair. Ex officio members with voice only shall include the Assembly Parliamentarian.

2) **Function.** The Committee shall monitor the workings of the Assembly for effectiveness and efficiency; interpret the Procedural Code with regard to specific issues, challenges, or questions; shall receive, study, and initiate proposals for changes in the Procedural Code of the Assembly and the mechanisms of operation of the Assembly. It will also review the Procedural Codes of the Area Councils and the Constitutions and Bylaws of the District Branches to assure consistency with the APA Bylaws, the Operations Manual and the Procedural Code of the Assembly. It may serve as liaison with the Board in the preparation and modification of the Operations Manual.

(a) The Committee on Procedures shall arrange for an updated “sample” Bylaws or Procedural Code to be available to each District Branch and each Area Council within 3 months of when any amendment to the APA Bylaws or Assembly Procedural Code is adopted by the Assembly. Each updated version shall call attention to substantive changes or modifications in the document. The Committee will review the Constitutions and Bylaws of the District Branches on a rotating 5-year basis.

(b) The following provisions must be included in the DB Bylaws and will be reviewed periodically by the Committee for compliance:
   a. Dissolution of DB,
   b. Requirements for Membership,
   c. Membership Qualifications,
   d. Categories of District Branch membership,
   e. Voting members,
   f. Election to Membership,
   g. Transfer and Advancement of membership,
   h. Application of Fellows and Nomination of Distinguished Fellows,
   i. Inactive Status and Dues waiver of membership,
   j. Representation to Assembly,
   k. Assumption of Office,
   l. Recall of Officer or any members of the Council of the DB,
   m. Representative to the Assembly,
   n. Code of Ethics, and
   o. Ethics Complaints.

Other bylaws provisions are included in the Addendum of the Procedural Code as an example of provisions sometimes included in bylaws for the District Branch’s reference. Each District Branch is responsible for compliance with state laws governing nonprofit corporations.

(c) The Assembly’s Parliamentarian shall continue to advise on questions from District Branches, Area Councils, or the Assembly Executive Committee, with respect to specific issues, challenges by individual members, or questions of interpretation. If the Assembly does not have a Parliamentarian, the Speaker shall arrange another mechanism for such advice.

d. **Committee of Representatives of Minority/Underrepresented Groups**

   1) **Composition.** The Committee shall consist of the duly elected Representatives and Deputy Representatives of the Minority or Under-represented Groups as identified by the Assembly. These Representatives elect their own chair and vice chair. The chair of this Committee is a member of the Assembly Executive Committee.

  2) There shall be one liaison member from the Resident-Fellow Member and Early Career Psychiatrist Representatives who will be appointed by the chairs of their respective Assembly committees.

e. **Committee of Area Resident-Fellow Member Representatives (ACORF), formerly Committee of Area Member-in-Training Representatives (ACOM)**

    1) **Composition.** The Committee shall consist of the Area Resident-Fellow Member Representatives and Area Resident-Fellow Member Deputy Representatives. These Representatives elect their own chair.
The chair of this Committee is a member of the Assembly Executive Committee.
2) The chair shall appoint a liaison to the Committee of Representatives of Minority/Underrepresented Groups.
3) Two non-voting Minority fellows will serve as Resident-Fellow Member liaisons.

f. Committee of Area Early Career Psychiatrist Representatives
1) **Composition.** In March 2000, the Assembly and Component ECP committees were combined. The Committee shall consist of 14 members, 7 of whom are elected and 7 of whom are appointed from a slate of Early Career Psychiatrists not currently members of the Assembly elected by the Area Councils. The combined committee shall report to the Council on Medical Education and Lifelong Learning and the Assembly. These representatives elect their own chair. The chair of this committee is a member of the Assembly Executive Committee.
2) The chair shall appoint a liaison to the Committee of Representatives of Minority/Underrepresented Groups.

g. Assembly Committee of Representatives of Subspecialties and Sections (ACROSS)
1) **Composition.** The Committee shall consist of the Representatives of Assembly Allied Organizations and the Representatives of Sections as identified by the Assembly. The Representatives of Assembly Allied Organizations and Sections shall elect their own chair. The chair of this Committee is a member of the Assembly Executive Committee.
2) Each organization liaison must be a psychiatrist and a member of APA. Each allied organization liaison on this committee will have one vote whether by ballot or strength.
3) Each section liaison must be a psychiatrist and a member of APA.

h. Committee on Public and Community Psychiatry
1) **Composition.** The Committee is composed of seven members, one from each Area, plus one member each from the Assembly Minority/Underrepresented, Resident-Fellow Member, Early Career Psychiatrist, and ACROSS Liaison Representatives, appointed by the Speaker. The Speaker also appoints the chair of the Committee (usually a Past Speaker).
2) **Function.** The Committee is charged to promote the proper use and the proper role of psychiatrists at all levels in all public psychiatric settings, to ensure quality psychiatric care for the patients treated in the public sector, and to coordinate the work of the existing APA components dealing with public psychiatry (see November 1985 Action Paper for origin). Also, the interests of psychiatrists working in jails and prisons are represented on this Committee.
3) The Assembly Committee on Public and Community Psychiatry will liaise with the Assembly Committee on Access to Care.

i. Awards Committee
1) **Composition.** The Committee is composed of seven members, one from each Area, plus one member each from the Assembly Minority/Underrepresented, Resident-Fellow Member, Early Career Psychiatrist, and ACROSS Liaison Representatives, appointed by the Speaker. The Speaker also appoints the chair of the Committee (usually a Past Speaker).
2) **Function.** The Committee meets (usually by conference call) to choose the Assembly Profile of Courage awardee in the fall and meets (usually by email) to choose the District Branch Best Practices awardee in the spring. The Chair of the Committee presents the awards to the winners during plenary sessions of the Assembly.

j. Assembly Committee on APA Budget Planning
1) **Composition.** This committee is composed of Assembly members appointed by the Speaker including Assembly officers as members. The chair of the committee shall be appointed by the Speaker.
2) **Function.** This committee will review and evaluate the draft APA annual budget at a point no later than at its first dissemination to the Finance and Budget Committee and serve as a resource to the Speaker and Speaker-Elect in preparation for their deliberations in the Finance and Budget Committee in the budget planning process. In addition, the committee will report to the AEC.
k. Assembly Committee on Psychiatric Diagnosis and the DSM
   1) **Composition.** The Committee is composed of one member from each Area, and one member each from the Assembly Resident and Fellow Members, the Assembly Early Career Psychiatrists, the Assembly Minority/Underrepresented Members, and the Assembly Committee of Representatives of Subspecialties and Sections. Members shall be elected by the relevant group annually, to serve no more than four consecutive years. The Chair shall be appointed from among this group annually by the Speaker.

   2) **Function.** The Committee will serve to receive concerns and opinions from the members of the Assembly, and from the Association membership as a whole through the Assembly Representatives, about the American Psychiatric Association’s ongoing or actively considered activities regarding psychiatric diagnosis and nomenclature, including but not limited to the Diagnostic and Statistical Manual (DSM). The Committee will deliberate about matters brought to it, and when appropriate, transmit recommendations for actions to the Assembly for approval and referral to the Board of Trustees or its authorized components then operating in these matters. From time to time the Assembly Committee may solicit input or opinion from the Assembly or the Association membership, especially regarding the applications of diagnosis and diagnostic criteria in clinical practice, and the perceptions of clinicians on the need for or advisability of change.

l. Assembly Task Forces
   1) **Composition.** The Assembly Task Forces are appointed by the Speaker and their tenure is limited to the Speaker’s term of office, though they may be reappointed. The chair of a Task Force shall be appointed by the Speaker.

   2) **Function.** Task Forces are task-oriented groups and are appointed to accomplish a specific task in the judgment of the Assembly can be more easily and efficiently accomplished by a smaller group than by the Assembly as a whole. Task Force reports are made to the Assembly for consideration, approval, modification and/or implementation.

m. Reference Committees
   1) **Composition.** Members on each reference committee are selected by the Speaker from names of Assembly members submitted by their Area Representatives and Group Chairs. The Speaker also appoints a chair from among this group. Assembly members are encouraged to volunteer for a Reference Committee. The Speaker determines the number of reference committees for each Assembly meeting. Proposed actions are grouped according to subject so that each reference committee has a particular focus. Often Reference Committees are grouped according to the strategic goals of the Association. Reference Committees can also focus on APA governance, membership, and district branch issues at the Speaker’s discretion.

   2) **Function.** Reference Committees assigned by the Speaker, are designed to be impartial groups assembled for the purpose of evaluating information stemming from an open, balanced discussion of a particular subject, and making a recommendation on the floor of the Assembly regarding merits of the matter under consideration. The Committees function as a facilitator in extracting as much information as is possible to come to an informed decision before making its recommendation to the Assembly. Through the instruction of the Speaker and the direction of the Reference Committee Chairs, views presented are balanced, time-limited, and succinct.

   3) **Procedures.** The Rules Committee determines the assignment of action items to appropriate Reference Committees. All Assembly members are expected to attend and participate in the meeting of the Reference Committees of their choice. Reference Committee chairs lead the discussion of action items, seeking a balance of opinions. The author of an action paper should be in attendance and participate in but not dominate the discussion of the proposed action. At the Reference Committee meetings, Reference Committee members do not enter into debate with members of the audience regarding issues presented. Following formal presentation by the author(s) and an opportunity to hear discussion of varying views by Assembly members, other APA members, and APA staff present, private Reference Committee deliberation occurs, during which time non-Reference Committee members may be present, but not participate in the discussion unless specifically queried by a member of the Committee.
(a) The Chair of a Reference Committee will not accept for Committee deliberation an Action Paper to which he/she is an author. In cases in which this inadvertently occurs, the Chair will inform the Speaker and the Assembly Rules Committee Chair and ask to have the Action Paper reassigned.

(b) When a Committee member’s Action Paper is ready for presentation, the Committee member will identify himself/herself as an author, join members of the audience, present the paper as would any member of the audience, and in doing so relinquish his/her Committee member responsibility for that portion of the meeting.

(c) Following the closure of open Action Paper discussion and during the deliberation phase in which the Action Paper in question is being considered, the author/Committee member will recuse himself/herself from the Reference Committee deliberation and like other authors, may be available to answer questions from the Reference Committee Members. The member will not have a vote on that specific Action Paper, nor will enter into this discussion, unless specifically queried by members of the Reference Committee. Participatory deliberation regarding other Action Papers being considered will not be affected.

At the conclusion of the discussion, Reference Committees meet to arrive at a recommendation to the Assembly for each action item reviewed. The author or any member may be present for this discussion. The Reference Committee may recommend that an action paper be adopted, not adopted, amended, or otherwise disposed of. As a courtesy, the chair should let the author know of the Committee’s recommendation. After the author moves the paper to the floor of the Assembly the Reference Committee presents its recommendations.

n. Assembly Committee on Access to Care
   1) **Composition.** The Committee is composed of one member from each Area, and one member each from the Assembly Resident and Fellow Members, the Assembly Early Career Psychiatrists, the Assembly Minority/Underrepresented Members, and the Assembly Committee of Representatives of Subspecialties and Sections. The Committee will include a liaison member of the Assembly Committee on Public Psychiatry, to be appointed by the Chairperson of that committee. In addition, there is to be an ad hoc representative from the Executive Directors’ Committee appointed to that committee.

   2) **Function.** The Committee will serve to identify and reflect grass roots concerns, initiatives and issues related to access to care, public and private sectors. These matters, reflecting the experiences of our patients, the members who serve them and the institutions through which care is provided will be communicated to the Assembly through member and patient surveys, District Branch, State Organizations and other Assembly constituent groups in order to develop initiatives to address these issues on local and APA wide levels. Assembly Representatives and Deputy Representatives of each constituent group in addition to the Executive Directors of the District Branches and State organizations will facilitate this effort.

   3) The Assembly Committee on Access to Care will liaise with the Assembly Committee on Public and Community Psychiatry.

o. Assembly Committee on Maintenance of Certification (MOC)
   1) **Composition.** The Committee is composed of one member from each Area, and one member each from the Assembly Resident and Fellow Members, the Assembly Early Career Psychiatrists, the Assembly Minority/Underrepresented Members, and the Assembly Committee of Representatives of Subspecialties and Sections. Members shall be selected by the relevant group. The Chair shall be appointed by the Speaker.

   2) **Function.** The Committee will serve to receive concerns and opinions from the members of the Assembly, and from the Association membership as a whole through the Assembly Representatives, about the American Psychiatric Association’s ongoing or actively considered activities regarding Maintenance of Certification for the American Board of Psychiatry and Neurology (MOC for ABPN) as well as Maintenance of Licensure (MOL) by various state boards. The Committee will deliberate about matters brought to it, and when appropriate, transmit recommendations for actions to the Assembly for approval and referral to the Board of Trustees or its authorized components then operating in these matters. From time to time the Assembly Committee may solicit input or opinion from the Assembly or the Association membership,
regarding the process of MOC and/or MOL.

# ARTICLE II: AREA COUNCILS

1. **Authority**
   The authority for the Assembly to establish geographical areas is defined in the Bylaws of the American Psychiatric Association. The Assembly Procedural Code is the authority for the establishment of an Area Council in each of the geographical areas.

2. **Purpose**
   The Area Council shall provide a regional organizational structure as the interface between the Assembly and the District Branches to:
   
   a. Promote relationships between organized psychiatry and state governments;
   
   b. Enhance and provide cross-fertilization in District Branch activities with regard to, membership, mental health services, insurance, continuing education, public affairs, government relations, judicial action, and any other appropriate activities; and serve as venues for communication between and among individuals, District Branches, and the national organization;
   
   c. Hold scientific meetings and other programs in continuing education;
   
   d. Provide a forum for discussion of regional issues and development of and debate about national policy proposals; providing regional viewpoints and a unique source of institutional memory;
   
   e. Consider action papers from individuals and District Branches prior to submission to the Assembly and from other Areas during the Assembly meeting at the request of the Speaker and serve as substantive deliberative bodies on matters before the Assembly;
   
   f. Enhance the involvement of all members in the APA by providing a venue for the participation of Resident-Fellow Member (RFM), Early Career Psychiatrists (ECP), Minority/Underrepresented Groups (MUR), and ACROSS Psychiatrists;
   
   g. Provide loci of leadership development for the Assembly and APA.

3. **Composition**
   An Area Council shall consist of the Area Representative and Deputy Representative, the Representatives of District Branches within such Areas, the Area RFM Representative and Deputy Representative, the Area ECP Representative and Deputy Representative, and any MUR representatives and deputy representatives and ACROSS representatives who reside in the Area. However the Speaker may reassign the individual members of MUR and ACROSS in order to provide a balance representation. Some Area Councils may include their Area Public Affairs and Government Relations Representatives. The addition of other members is optional and to be determined by the needs and wishes of the individual Area Councils and shall be specified in their procedural codes.

4. **Voting**
   If requested by at least two Area Council members from different District Branches and specified by the Area Procedural Code, a roll call vote by strength is permissible and shall be held according to the Procedural Code of the Area.

5. **Assessments of District Branches**
   Area Councils are authorized to receive, hold or invest funds to fulfill their functions. Under provisions of specific Area Procedural Codes, they may request assessments of their district branches or the district branch membership.

6. **Area Representatives and Deputy Area Representatives**
   
   a. **Qualifications.** Area Representatives and Deputy Area Representatives shall be elected in accordance with the Procedural Code of each Area Council.
   
   b. **Term.** Area Representatives and Deputy Area Representatives shall serve a period of two years and may be re-elected for another two years. After two terms as Deputy Area Representative and two terms as Area
Representative (in any order, making no more than 8 uninterrupted years in these offices) a period of two years must elapse before election to either office is permissible. The amount of time served in fulfilling another person’s unexpired term of office shall not count as part of this 8 year limit.

4. **Duties.** Area Representatives and Deputy Area Representatives shall be members of the Assembly Executive Committee. The Area Representative shall chair the Area Council and the Deputy Area Representative shall serve as the Recorder of the Council. Area Representatives or Deputy Area Representatives may not continue to function as Representatives or Deputies of their District Branches in the affairs of the Assembly.

5. **Vacancies.** If an Area Representative should, for any reason, be unable to perform the duties of the office, a duly elected Deputy shall serve until the Representative is formally replaced. In the event that the office of the Deputy Representative becomes vacant, members of the appropriate Area Council shall elect a Representative from a District Branch in the Area concerned to serve until the next meeting of the Assembly when a successor shall be elected in the manner prescribed by Article IV, Section 6.A above.

6. **Area Procedural Codes**

   Each Area Council shall adopt and be governed by a procedural code that shall include provisions for amendments: nothing therein shall be inconsistent with the Bylaws of the American Psychiatric Association or with the Procedural Code of the Assembly. Area Procedural Codes shall contain provisions for recall of the Area Representative and Deputy Area Representative. Area Council Procedural Codes must be approved by the Assembly Committee on Procedures prior to adoption.

8. **Area Nominating Committees**

   a. **Composition.** Area Nominating Committees shall be formed by each Area Council in a manner prescribed by its procedural code, and shall consist of at least three of its members, each from a different District Branch in the Area. One member shall be designated chair.

   b. **Procedure.** The Area Nominating Committee shall report to the Area Council in the appropriate years its recommendations for offices of Area Representative, Deputy Area Representative, and Area Trustee. Further nominations may be made by the Area Council.

   c. **Nomination of Trustees.** The Area Nominating Committee shall select as candidates for the office of Trustee three voting members of the American Psychiatric Association residing in the Area who are not members of the APA Nominating Committee. Two of these candidates shall be designated as nominees and the third as an alternate. The names of those selected shall be reported to the Area Council at which time the names of two candidates and an alternate shall be forwarded to the chair of the Nominating Committee of the American Psychiatric Association by September 1. Area Trustees shall be ex-officio members of their respective Area Councils; whether or not they have a vote in the Area Council Meeting shall be at the discretion of the Area Council. The terms of an Area Trustee being three years, the Areas shall elect their Trustees according to the following rotation: 2013, Areas 3, 6; 2014, Areas 2, 5; 2015, Areas 1, 4, 6, and so on.

   d. **Appointment of an Area Trustee if an in-term vacancy occurs:**

   If the vacancy occurs during the Area Trustee’s term, the vacancy shall be filled in accordance with Section 4.9 of the American Psychiatric Association bylaws. Partial terms served by a replacement Trustee do not count for the maximum of two full terms that a Trustee may serve.

   As outlined in the APA’s Operations (Ops) Manual:

   In the event of a vacancy in the position of Area Trustee, the Executive Committee of the Board of Trustees shall ask the Area Council from which there is a vacancy to submit three names of members in good standing from the Area for consideration as a replacement. The Executive Committee may also consider other members from the Area.

   The Executive Committee shall solicit from each member being considered to fill the vacancy the same materials required of candidates in the preceding national election (e.g. CV, biographical statement, disclosure statement) and put forth no fewer than two names to the Board of Trustees for final consideration.

   The Board of Trustees shall select one candidate to serve the remainder of the vacant Area Trustee term
9. Elections
Areas designated by means of odd numbers, e.g., Area 1, 3, 5, and 7 shall elect their respective Area Representatives in odd-numbered years, e.g., 2013, 2015, etc. Areas designated by means of even numbers shall elect their respective Area Representatives in even-numbered years.

ARTICLE III: DISTRICT BRANCHES
[A model Bylaws for District Branches is included as Appendix 1]

1. Purpose
The objectives of the District Branch shall be to foster the science and enhance the progress of psychiatry, in cooperation with and as a constituent part of the American Psychiatric Association; to promote the maintenance of high professional and administrative standards thereto related; and to assist the American Psychiatric Association in promoting its aims and objectives. These are to: (a) promote the common professional interests of its members; (b) improve the treatment, rehabilitation, and care of persons with mental disorders (including mental retardation and substance-related disorders); (c) advance the standards of all psychiatric services and facilities; (d) promote research, professional education in psychiatry and allied fields, and prevention of psychiatric disabilities; (e) foster the cooperation of all who are concerned with the medical, psychological, social, and legal aspects of mental health and illness; (f) make psychiatric knowledge available to practitioners of medicine, scientists, and the public; (g) promote the best interests of patients and those actually or potentially making use of mental health services; and (h) advocate for its members.

2. Establishment
A District Branch may be established by the following procedures:

a. Single Statewide District Branches. There is no minimum membership requirement for establishment of a single statewide District Branch. A District Branch may be established by submitting the following documents to the Recorder, reviewed by the Assembly Committee on Procedures prior to presentation to the Assembly: (1) a petition signed by a majority of APA members eligible to vote residing in that state; and (2) a proposed Bylaws for the District Branch that includes a description of the geographical area of the District Branch.

b. To establish more than one District Branch in a state, the following minimum requirements must be met:
   1) The application must include a statewide plan for the geographical division of the state with the rationale for the proposed subdivisions;
   2) There must be a minimum of 200 APA members eligible to vote within each of the geographical subdivisions;
   3) A plan and a procedural code for a state council of District Branches to represent the District Branches and the APA to the state government and legislature. The individual District Branches must be subordinated to the state council for these purposes and this must be clearly defined in the procedural code for the state council;
   4) Approval of the state plan by a majority of a mail ballot distributed to all of the APA members eligible to vote in each proposed geographical subdivision; and
   5) The proposal for subdivision of a state must be approved by the appropriate Area Council and by the Assembly.

c. A state with more than 2500 members and multiple District Branches may elect to become an Area with the Area Council serving as the state coordinating body.

d. The Board of Trustees of the Association may establish alternative requirements for creation of the District Branch with subsequent concurrence by the Assembly.

3. Authority
Each district branch will elect its own officers, arrange its own programs and provide for its own expenses. All officers of a district branch must be voting members of the association. District branch officers will assume their duties at the close of business of the next annual meeting of the American Psychiatric Association following
their election. They must be formally installed within thirty days prior to or subsequent to that date.

4. **Elections**
   The following procedures for election of officers, including Representative and Deputy Representative, shall apply to all District Branches of the American Psychiatric Association:
   a. The District Branch bylaws shall provide for nomination of alternate candidates from the floor or by petition from an appropriate number of voting members;
   b. Balloting shall be by means of a mail ballot distributed to the entire voting membership of the District Branch; and
   c. The District Branch constitution shall provide for a recall election procedure which may be instituted either by petition from an appropriate number of members or by action of the Executive Council of the District Branch.

5. **Representatives to the Assembly**
   a. **Election and Term of Office**
      1) Each District Branch shall elect one or more Representative to represent its members in the Assembly of the American Psychiatric Association and in the Area Council. These Representatives must be voting members of the Association. (See also Article I, Section 6.A.)
      2) The term of office for Representatives shall be not less than two years and not more than three years, with the number of terms of office determined by the District Branches; notification of the Representatives and their terms of office shall be given to the APA Central Office no later than 15 days prior to the Annual Meeting of the APA.
      3) District Branches may also become eligible for an additional voting Representative when the number of voting members in the branch increases according to the apportionment formula for District Branch Representation in the Assembly. (See Article I, Section 3, above.) The official number of voting members reported for the May Assembly meeting and for the November Assembly meeting will be used to determine the order for seating in the Assembly. Elections for an additional Representative shall be conducted according to the Assembly Procedural Code for a term consistent with the bylaws of the District Branch. The term shall begin at the time of the next meeting, and continue for the duration of the customary term of office as prescribed in the bylaws of the District Branch.
      4) An Alternate, selected from among the voting members of a District Branch, may be appointed by the District Branch, when the regular (i.e., elected) Representative is unable to attend an Area or Assembly meeting. Alternates shall present to the Recorder of the Assembly or Chair of the Area Council a letter of appointment from the District Branch President. The Alternate shall be accorded the privilege of the floor of the Area Council or Assembly and, if functioning as an Alternate Representative, shall be accorded the vote as well. An Alternate will be accorded the vote of a regular Representative only when the regular Deputy Representative is not present to vote.
      5) Representatives and Alternates are reimbursed for two Area Council meetings a year and the fall Assembly from national funds in the Assembly Budget. An additional Representative elected during the summer becomes eligible for reimbursement from national funds for the one fall Area Council meeting and the fall Assembly meeting.
   b. **Role of the Assembly Representative**
      The Assembly Representative communicates information between the District Branch or specially identified group and the Area Council or Assembly. Communication flows in both directions. S/he encourages input from members and is non-judgmental in response to their queries or requests. His/her primary role is to serve the organization.
   c. **Responsibilities:**
      In order to represent the views of the District Branch, the Assembly Representative shall have the following responsibilities:
      1) Attend District Branch, Area Council, and Assembly meetings and be actively involved in Reference Committee and liaison work with other components.
      2) Serve on the DB Executive Council.
      3) Know the views of the DB or represented group leadership and membership, bring their concerns and requests for action to the Area Council and Assembly, solicit their views regarding already proposed Assembly actions, and represent those views in Area Council and Assembly discussion and floor debate.
4) Craft action papers addressing members concerns, proposing effective and feasible actions, and present such action papers to DB or represented group and Area Council for review before submission to the Assembly.
5) Report the activities of the Assembly back to the membership, both verbally and in writing, through such available means as Executive Council meetings, DB or represented group listservs, and newsletters.
6) Act as a resource for the general membership regarding other mechanisms by which the APA may respond to their needs (e.g., in initiating local legislative efforts and public relations efforts on issues important to psychiatrists and their patients).
7) Recruit members among psychiatrists and trainees, encouraging their participation in DB and national activities, and mentor any members interested in Assembly office.

d. Performance Assessment
The Executive Council of the DB or represented group shall provide annual feedback to each Assembly Representative about the satisfactory quality of his/her performance.

6. Dissolution
A District Branch may be dissolved at the request of a majority of the members of that Branch, the request being presented by the President, Secretary, or a Representative of the Branch to the Assembly for approval or disapproval. District Branches may be dissociated from the Assembly and from the American Psychiatric Association for due cause, by a majority vote of the Assembly with the concurrence of the Board of Trustees.

7. Membership
Qualifications and categories of membership in a District Branch shall be the same as for membership in the American Psychiatric Association as defined in the Constitution and Bylaws of the Association. All District Branch members must be members of the American Psychiatric Association.

8. Membership Processing
An applicant for membership in the American Psychiatric Association shall apply to the appropriate District Branch. Election to membership in a District Branch shall constitute election to membership in the Association. All District Branches must include in their constitutions the proper procedures for processing applications for membership in the American Psychiatric Association.

9. State Organizations of District Branches
In states where more than one District Branch is established, the District Branches shall form a state organization to provide for coordination of efforts to advance the aims and objectives of the Association with state agencies, institutions and governments. The type of organization and its composition will be determined by the respective District Branches involved.

10. Transfer of a District Branch From One Area to Another
District Branch membership in Area Councils is defined by the most reasonable geographic affiliation. Transfer from one Area Council to another requires the following protocol:

a. All members of the District Branch shall be informed of the proposal to transfer the District Branch. The vote to transfer will be by mail ballot to all eligible voting members. A two-thirds majority of the ballots cast is required for District Branch approval.

b. Approval requires a two-thirds majority vote in each of the two Area Councils involved.

c. Upon the approval of both Area Councils the requesting District Branch shall submit the action to the Speaker for thorough consideration by the Assembly. After ample time for discussion, a simple majority of the Assembly is required for ratification.

d. Following ratification by the Assembly, the District Branch transfer will be effective at the end of the Annual Meeting.

11. Merger of District Branches
The merger of two or more District Branches within the same Area requires the following protocol:
a. All members of the merging District Branches shall be informed of the proposed merger. Each District Branch’s vote to merge will be by a mail ballot to all eligible voting members. A minimum of forty-five days after the mailing will be allowed for voting. Approval by a majority of the voting members of a District Branch shall be required for it to participate in a merger. The percentage of the voting membership that constitutes a majority in this vote shall be that which is specified in their respective Constitution or Code of Procedures for dissolution.

b. Approval by the Area Council requires a simple majority.

c. Upon approval by the Area Council, the District Branches requesting merger shall submit the action to the Speaker of the Assembly. A simple majority of the Assembly will be required for ratification.

d. The merger shall be effected within one year of Assembly ratification, the specific date to be set by these District Branches.

e. All financial assets of the merging District Branches shall pass to the new District Branch.

f. It will be the responsibility of the merging District Branches to select the officers (with the exception of Representatives) of the new District Branch prior to the merger.

g. The Representatives of the merging District Branches may serve up to a maximum of one and one half years of their terms in the Area Council and Assembly. However, the determination of the Assembly Representation and Assembly votes accorded the newly created District Branch will be as set forth in Article I, Section 6.A and Article V, Section 5.A. If this necessitates the elimination of one or more Representatives, it will be done by procedure to be determined by the new District Branch. The most economical representation option, consistent with the needs of governance, is recommended.

12. Chapters

a. **Procedure for Chapter Formation in District Branches**

The Policy Committee (now known as the Executive Committee) of the Assembly adopted the following resolution in regard to Chapters in October 1959: "It is the consensus of the Policy Committee that for the time being the establishment of Chapters within a District Branch is an internal affair of the District Branch, and is a matter for determination by the District Branch membership; provided, however, that the resulting arrangement does not contravene the rules of the Assembly in its relationship to the District Branch. Any changes in the District Branch constitutions needed to implement such action will be submitted to Policy Committee for review and approval." The above resolution was presented to the APA Council (now the Board of Trustees) for its approval and this promoted the Council’s request for a ruling by the Parliamentarian as recorded above.

1) Revision of the District Branch constitution to provide for chapter formation.

2) After the District Branch constitution is revised to provide for Chapter formation and is approved by the membership of the District Branch, it should be certified by the officers of the District Branch giving the date of certification and then sent to the Parliamentarian of the Assembly of the American Psychiatric Association for review. In that review of the constitution, the Parliamentarian will be sure that none of the rules of the Assembly are contravened in the new arrangement.

3) If the revised constitution is acceptable, the Assembly Committee on Procedures will present the revised constitution to the Executive Committee for approval.

4) The revised constitution concerning Chapter formation defines clearly the relationship that will exists between the Chapter and the District Branch with respect to the processing of new membership applications.

5) All correspondence and the negotiations on membership issues shall be held directly between the District Branch and the Association only.

**ARTICLE IV: MINORITY/UNDERREPRESENTED GROUPS**

1. Representation for Minority/Underrepresented Groups of Members

a. The identified minority groups to have representation in the Assembly are: American Indian, Alaska Native, and Native Hawaiian; Asian-American; Black; Hispanic; Lesbian, Gay and Bisexual; Women; and International Medical Graduate psychiatrists.

b. Prior to each annual meeting, there will be an opportunity for psychiatrists who qualify for inclusion within one of the Minority/Underrepresented (MUR) groups and who are voting members of the APA to choose
to enroll with the Central Office as a member of a minority/underrepresented group. A member may enroll in more than one M/UR caucus but may vote and/or hold elected office only in one M/UR caucus group. The enrollment will be implemented through the Membership Department of the Association and the opportunity for enrollment and the date of each caucus meeting will be publicized in *Psychiatric News* accompanied by an enrollment form. Members will identify their voting caucus at the time of enrollment and may change it only once per year (on a May to May schedule).

c. **Selection of Assembly Representatives and Caucus Executive Committee**

Each caucus will develop election procedures to select nominees for Representative and Deputy Representative to the APA Assembly, President and up to two other caucus Officers. Together, these officers shall be the Executive Committee of the Caucus. These nominees must be APA voting members and voting members of the caucus for which they seek office. Nominations for these offices shall take place at the annual caucus meeting and by petition, with election to be hosted by the APA Central Office through electronic survey.

The term of office for any position on the Executive Committee shall be three years and no Officer shall hold the same office for more than two consecutive terms or be a member of the Executive Committee for more than twelve consecutive years without a two year hiatus between elections. Notification of the Executive Committee members and their terms of office shall be given to the APA Central Office no later than 15 days prior to the APA Annual Meeting.

d. **Voting and Responsibilities of Assembly Representatives from M/UR Caucuses**

1) The Representatives will each have one vote in the Assembly and will have all of the privileges of any other Representative of the Assembly. The Deputy Representative will have all the privileges of any District Branch Deputy Representative of the Assembly.

2) It will be the responsibility of the Representative to provide a report to the minority group after each Assembly meeting regarding all issues considered and the Representative’s vote on those issues that come to vote.

e. The Representative and Deputy Representative must belong to the District Branch of their residence or professional practice and will be members of their respective or assigned Area Councils with a vote.

f. The representatives from the seven Minority/Underrepresented Groups are members of the Assembly, and will continue as permanent members until the Assembly or the respective caucuses from which they are elected determine that potential patients and other citizens with similar minority characteristics no longer have needs which are repeatedly neglected, ignored, or violated within the society and that their mental health has not been adversely affected in a significant way. Caucuses shall meet in person at least once at the Annual Meeting and are encouraged to have quarterly meetings by telephone. The regular reports of the Minority/Underrepresented Groups to the Assembly should reflect on an ongoing basis the problems and progress in solving the problems that affect minority/underrepresented psychiatrists and the patient populations that they reflect.

g. The designated underrepresented groups of members shall arrange mechanisms for recall of Minority Representatives and Deputy Representatives and for replacement of vacancies in those offices whenever such is necessary.

2. **Formal Representation within the Assembly of Subsequent Underrepresented Groups**

a. The category of "underrepresented" or "minority" necessitates certain elements; a previously and autonomously formed organization of such APA members, with recognizable common individual characteristics, must demonstrate that:

1) Underrepresentation of such members exists within APA’s governing bodies and committee structures, with such underrepresentation related to their characteristics as a minority;

2) Potential patients and other citizens with similar minority characteristics who have had interests, rights, and needs repeatedly neglected, ignored, or violated within the society, such that their mental health has been adversely affected in a significant way; and

3) The number of APA psychiatrists with a potential to belong to such a designated group must be of significant size.

b. The group shall apply to the Assembly Speaker for consideration of such designation.

c. The application shall be reviewed by the Committee on Procedures for procedural conformance with the criteria listed under A.
d. The Assembly may act to:
   1) Recognize the APA Minority membership with such identifiable common individual characteristics
      and grant Assembly Minority representation status for such members;
   2) Suggest special Assembly Observer status for the petitioning group;
   3) Refer the issues with which the specific group is concerned to another APA component for study and
      action; and/or
   4) Deny the request.

e. If the Assembly acts to grant Assembly Representation Status (D-1 above) the procedure for nominating
   potential Assembly Minority Representatives and Deputy Minority Representatives in this category shall be
   instituted promptly, consistent with present practices in the Procedural Code of the Assembly.

f. The Assembly and the underrepresented group are encouraged to refine criteria for the determination as
   to when an underrepresented group has achieved the group’s and the Assembly’s common goals, and thus
   when special representation is no longer needed.

ARTICLE V: ACROSS

1. Professional organizations of psychiatrists with subspecialty skills and interest that have been in existence for
   5 years, have at least one meeting of its membership annually, and whose mission and code of ethics are not
   in conflict with those of the American Psychiatric Association, may apply for designation as Assembly Allied
   Organizations. If the organization is international, its US branch may apply for designation as an Allied
   Organization. Such organizations, not to exceed 25 at any one time, may be
   designated Allied Organizations if
   they meet the requirements below in Section 1 through 3.

   a. The organization has a minimum of 100 APA member psychiatrists OR if the organization was an Assembly
      Allied Organization as of January 1, 2015, it has more than 60 but fewer than 100 member psychiatrists
      (grandfathered allied organizations).
   b. Psychiatrists comprise a majority of voting members of the organization.
   c. At least 40% of the total number of psychiatrist members are members of the America Psychiatric
      Association.

2. Application for designation as an Assembly Allied Organization shall be made to the Committee on
   Procedures. Applications shall include a complete organizational membership list with name, address,
   professional degree and APA membership status, if known, so that items b and c above may be calculated. If
   APA member status is not known, the APA will use the membership list to ascertain APA membership status.
   Submitted membership lists of allied organizations will be kept confidential, used for the sole purpose of
   determining adherence to stated criteria and will not be used by the APA for any other means or distributed to
   other individuals or organizations.

2.1 An organization may request exemption from the requirement for providing a membership list through a
   letter to the Assembly Speaker explaining why it would be a hardship or risk to the organization or its
   members to do so. Such organizations shall seek the alternative to 1 a, b and c above of providing the
   names of 100 APA member psychiatrists (or at least 60 APA member psychiatrists for grandfathered allied
   organizations) to the APA and the total number of psychiatrists and total members in the organization. In
   no instance shall an organization be approved for exemption from the requirement to provide a
   membership list if it makes its members’ names available to the public or to other non-profit or
   commercial entities. The Speaker and Assembly Executive Committee shall review such letters and vote
   on the requested exemption. A majority vote of the Assembly Executive Committee is required to support
   the exemption, and the decision of the Assembly Executive Committee is final.

2.2 The names of those organizations that meet requirements will be forwarded to the Assembly Executive
   Committee for review and recommendation to the Assembly, where authority for final approval as
   Assembly Allied Organizations resides, based on a majority vote of the Assembly. The Speaker may solicit
   applications from appropriate organizations.

2.3 The APA will establish a formal written agreement with each allied organization. The APA will explore the
potential for a business arrangement with each allied organization; i.e., member recruitment via joint dues agreement, lobbying efforts, and other professional management services. All organizations shall work annually to increase the percentage of their members that are APA members and report these efforts to the APA at periodic reviews. Those organizations with less than 60% APA membership among psychiatrist members shall make such appeals at least twice annually to its members to join the APA.

3. Each Assembly Allied Organization shall choose or elect one member who is also a member of the American Psychiatric Association to be a subspecialty representative to the Assembly and an Area Council. Subspecialty representatives will become members of the Assembly, each with voice and one vote, but one vote for each organization in a vote by strength. Subspecialty representatives will be assigned by the Speaker to an Area Council and to Committees and Components where their expertise can be utilized at the Speaker’s discretion. They will also have membership on the Assembly Committee of Representatives of Subspecialty and Sections (ACROSS).

3.1 Subspecialty representatives and their organizations shall have the following obligations:
   a. The organization shall keep its Assembly Subspecialty representative informed of policy positions by the organization
   b. The subspecialty representative shall report to the organization about APA actions.
   c. The organization shall provide information about APA actions to its members.
   d. The organization shall report about performance of a through c above as part of the periodic review.
   e. The subspecialty representative will make a yearly report to the APA, via the Assembly Committee of Representatives of Subspecialty and Sections (ACROSS), on organizational activities relevant to the APA.

4. Each Assembly Allied Organization shall have its status reviewed every five years by the Committee on Procedures for adherence to requirements in Sections 1 through 3 or at other intervals determined by the Assembly Executive Committee if it has reason to believe that adherence to the requirements is in question. Each Allied Organization shall submit documents proving their continuing adherence to Assembly requirements as part of the Five Year Review, Such documents will include a current membership list or request for exemption, as above. An allied organization falling below the established criteria for representation in the Assembly will be allotted two years to achieve adherence. Failure to do so may result in non-participation within the Assembly.

ARTICLE VI: SECTIONS

1. Definition: A section will be formed when a group of APA members join together, and are assigned to the Assembly. That joining would follow the APA Operations Manual pertaining to Special Caucuses (Appendix R: Special Caucuses – Framework for Establishment and Operation), and would be dependent upon the recommendation of the Joint Reference Committee and the Assembly Executive Committee, and the approval of the Board of Trustees. A section, like any caucus can be formed only when there is no other vehicle or subspecialty organization with similar interests already related to the APA. Any section with at least 50 active members has a voice in the Assembly. Any section with at least 100 active members for at least one year has a vote in the Assembly. If the section maintains at least 100 active members for 2 years, the APA will fund a section representative for Assembly meetings at which Assembly Allied Organization Subspecialty Representatives are funded to attend.

Composition and Appointment/Tenure: Self-selecting. The APA President, with consultation from the Speaker, appoints a section’s first leader for a one year term. After this term, the leader and the representative (who can be the same person) have to be fairly elected for not more than a single 2 year term.

Budget/Conduct of Business: (1) Sections do not have staff support. (2) May meet at Annual Meeting and/or Institute of Psychiatric Services at no cost to APA. (3) Each section shall have its status and active members reviewed by the Committee on Procedures and approved by the Assembly Executive Committee annually or at other intervals determined by the Assembly Executive Committee. Failure to do so may result in non-participation within the Assembly. (4) The Assembly Executive Committee reviews and identifies need for identical sections. (5) IT support for a listserv or similar online community will be provided by the APA as
described in the operations manual.

2. **Purpose:** The purpose of an APA section is to promote communication and networking among psychiatrists/members of the association who share a special interest; and to provide a voice to association members who share a common interest so that they may bring to the Assembly’s attention important or emerging issues that will affect patient care and the practice of psychiatry within that special interest area.

3. **Requirements:**
   - Section members have to be members of the APA.
   - Sections operate under the oversight of the Assembly Executive Committee. This oversight includes having the Committee on Procedures identify active members and determine whether sections are maintaining minimum number of members. The Committee on Procedures will serve as a resource on APA policy and operations. The Assembly Executive Committee will approve and certify the sections’ review by the Committee on Procedures.
   - An established Caucus requesting to become a Section shall ask the JRC to be reassigned to the Assembly.
   - Activity of section members must be more than signing up on a listserv, but may be varied based on the composition, geographic dispersion, etc. of the section. The section will be responsible for determining the conduct that will define a member as active, and this will be subject to review and approval by the Committee on Procedures and the AEC.
   - Sections’ representatives are members of the Assembly Committee of Representatives of Subspecialties and Sections (ACROSS).
   - Sections will not count against the maximum of 25 Assembly Allied Organizations as stipulated in the Procedural Code Article V: Allied Organizations. At the time 10 sections are certified, the Committee on Procedures will undertake a review of the sections’ approval process and their functioning in the Assembly and make any recommendations it sees fit to the AEC to modify the Procedural Code.
   - If an established Section’s activities appear to overlap or compete with another vehicle or subspecialty organization already relating to the APA, the Assembly Committee of Representatives of Subspecialties and Sections (ACROSS) and the Assembly Committee on Procedures will make a recommendation on a corrective action plan to the Assembly Executive Committee. This may include the loss of participation in the Assembly for the section or the Assembly Allied Organization.
   - Heads of Councils and Special Caucuses not assigned to the Assembly, shall be Privileged Guests at the Assembly.
   - Senior Psychiatrists are a one-time exception to the model and will be required to meet the qualifications of an Assembly Allied Organization but will not count against the 25 Assembly Allied Organization limit.
   - No section may speak on behalf of the American Psychiatric Association.
   - No section may request outside funding for any activity without the specific written approval of the APA CEO and Medical Director.

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**ARTICLE VII: AMENDMENTS**

1. **Method of Initiation**
   Proposals to amend this Procedural Code may be initiated by
   
   a. petition signed by five or more members of the Assembly
   b. resolution of the Assembly Executive Committee
   c. resolution of the Committee on Procedures

2. **Submission of Proposed Amendments**
   A proposed amendment signed by five or more members of the Assembly must be submitted to the Recorder at least thirty days prior to the convening of the Assembly meeting at which it is to be considered. Following review by the Assembly Committee on Procedures, the Speaker shall place the proposed amendment on the agenda of the next meeting of the Assembly. The Assembly Executive Committee may initiate a proposed amendment by resolution approved by a simple majority and the proposed amendment shall be placed on the agenda of the Assembly.
3. Voting

After a proposed amendment is read at a meeting of the Assembly, it may be adopted at once by two-thirds majority ballot of the full Assembly.
SAMPLE BYLAWS

SAMPLE³ BYLAWS OF THE (Name of District Branch) OF THE AMERICAN PSYCHIATRIC ASSOCIATION

CHAPTER ONE: NAME; PURPOSES; LEGAL IDENTITY

Section 1.1 Name
The name of this organization shall be the ________________ (herein after referred to as the “District Branch”) of the American Psychiatric Association., (herein after referred to as the “Association.”)

Section 1.2 Purposes and Objectives
The purposes for which the District Branch is organized are: (a) to promote the common professional interests of its members; (b) to improve the treatment, rehabilitation, and care of persons with mental disorders (including mental retardation and substance-related disorders); (c) to advance the standards of all psychiatric services and facilities; (d) to promote research, professional education in psychiatry and allied fields, and the prevention of psychiatric disabilities; (e) to foster the cooperation of all who are concerned with the medical, psychological, social, and legal aspects of mental health and illness; (f) to make psychiatric knowledge available to practitioners of medicine, to scientists, and to the public; (g) to promote the best interests of patients and those actually or potentially making use of mental health services; and (h) to advocate for its members. ⁴

Section 1.3 Legal Identity
The District Branch is organized exclusively as a professional organization not organized for profit, within the meaning of [Section 501(c)(6) of the Internal Revenue Code of 1986, as amended.] No part of the net earnings of the Association shall inure to the benefit of, or be distributable to, its members, trustees, officers or other private persons, except that the Association shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth herein. ⁵

Section 1.4 Dissolution
In the event of dissolution, all assets of this District Branch shall be forthwith distributed to the APA solely for scientific and educational purposes.

Section 1.5 Territorial Jurisdiction
For the objectives stated above, the territorial jurisdiction of the District Branch shall be delimited by the boundaries of the (state/county) of _________________. ⁶

CHAPTER TWO: MEMBERS

Section 2.1 Requirements for Membership
Requirements for membership in the ________________ District Branch shall be the same as those for the Association at the time of application. ⁷

Section 2.2 Qualifications
Any physician who is eligible for the categories of membership below shall be eligible for membership.

³ The following is intended only as a guide and may be altered in form or wording to meet the needs of the individual district branch.
⁴ Paragraph applies to 501(c)(6) organizations. For 501(c)(3) organizations, item (h) should read “to advocate for its members, to the extent consistent with Section 1.3 below.” Section 1.3 should read: “No substantial part of the activities of the District Branch shall be the carrying on of or otherwise attempting to influence legislation, and the District Branch should not participate in or intervene in (including the publishing or distribution of statements of) any political campaign of any candidate for public office.”
⁵ Alternate wording: Change the bracketed portion to the applicable Section of the IRS code and include the sentence: “The ________________ shall remain/shall be incorporated under the laws of the State of ________________ as a nonprofit scientific organization.”
⁶ Alternate wording for branches not defined by geography: “For the objectives stated above, the jurisdiction of the District Branch shall be defined as ________________.”
⁷ It is important to include a statement to this effect.
Section 2.3 Categories of District Branch membership
There shall be the following categories of members who are to qualify according to the standards and procedures of the Association as set forth in Chapter 2.1 of the APA Bylaws. They are (a) Resident-Fellow Members; (b) Associate Members; (c) General Members; (d) Fellows; (e) Distinguished Fellows; (f) Life Members; (g) Life Fellows; (h) Life Associate Members; (i) Distinguished Life Fellows; (j) Inactive Members or (k) Inactive Fellows. 9

Section 2.4 Voting
The right to vote shall be the same as in the APA Bylaws. Members with voting rights are Resident-Fellow Members, General Members, Fellows, Distinguished Fellows, Life Members, Life Fellows, and Distinguished Life Fellows. All other categories of membership are non-voting. Each voting member shall have one vote.

Section 2.5 Election to Membership
Election to membership in the District Branch shall be as follows 10:

(a) A Committee on Membership, consisting of members, shall be appointed by the President and approved by Council. Each member of this committee will serve a three-year term, with one or more members of this committee rotating off each year. Terms of the first members appointed after adoption of this section shall be adjusted accordingly.

(b) Applications for membership in the District Branch shall be made in accordance with procedures established at that time by the APA Board of Trustees through its Membership Committee.

(c) Membership actions will become effective after initial approval by the APA and with input from the District Branch if provided within the specified time period.

(d) Categories of membership and qualifications thereof in District Branches shall be consistent with those of the Association. 11

Section 2.6 Transfer and Advancement
Procedures for transfer of membership between District Branches and for advancement of membership shall be established by the Association. In the event of such a transfer or advancement being denied, any appeal shall be conducted in accordance with procedures to be established at that time by the Association.

Section 2.7 Application of Fellows and Nomination of Distinguished Fellows
Application of General Members for fellowship status is primarily the responsibility of the APA. Nomination of General Members or Fellows for distinguished fellowship status is primarily the responsibility of the District Branch. Election of Fellows and Distinguished Fellows is by the Board of Trustees of the Association upon recommendation of the Association’s Membership Committee. 12

Section 2.8 Dues
Every (Life Member, Life Fellow, Life Associate, Distinguished Life Fellow) 13 Fellow, Distinguished Fellow, General Member, Associate Member, and Resident-Fellow Member shall pay both dues and assessments as determined by

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8 Associate Member category closed to new members since December 1989.
9 Some categories of APA membership are not required to join a district branch (Medical Student Members, Honorary Fellows) or are outside the jurisdiction of a district branch (International Members and International Fellows).
10 APA moved all provisions for membership processing to its Operations Manual. Alternate wording for Section 2.5 could simply be: “Applications for membership in the District Branch shall be made in accordance with procedures established from time to time by the Council.”
11 As illustrated in Section 2.5 (a) – (d), the bylaws should describe (1) the procedures to be used for applying for membership and (2) the agreement of the district branch to cooperate with the rules and regulations of the Association.
12 Criteria for these procedures are in Chapter 2 of the APA Bylaws and Chapter 5 of the Operations Manual of the Association; the appeals process is in Appendix K-5 of the Operations Manual of the Association.
13 Requiring dues payments from Life Members, Life Fellows, Life Associates, and/or Distinguished Life Fellows is optional for the district branch.
Section 2.9 Inactive Status and Dues Waiver
Members of any category may be placed in inactive status by the Board of the Association and excused from paying dues in both the Association and the District Branch. Inactive members shall not receive credit toward the number of years of active membership required for Life status for those years of inactive status. Active members may be granted waiver of dues by the Board of the Association for sufficient reason, and such members shall receive credit toward the number of years of active membership required for Life status for those years the members are in the dues waiver status.

Section 2.10 Dismissals and Resignations
(a) Any dues-paying member of the Association and/or the District Branches who fails to pay all dues and assessments will forfeit his or her memberships.

(b) See also Chapter Seven, Ethics Complaints and Disciplinary Procedures.

CHAPTER THREE: COUNCIL

Section 3.1 Number
The voting members of the Council shall consist of a President, a President-Elect and/or Vice President, a Secretary and a Treasurer. These officers, the three immediate Past Presidents, Representative and Deputy Representative to the Assembly of the American Psychiatric Association, and other voting members duly elected as Councilors shall constitute the Council. In addition, Chapter Presidents (or their designates) shall also become members of Council.

Section 3.2 Nomination Procedures
Only voting members shall be eligible for nomination and election to office. All officers shall be elected in the following manner:

(a) A Nominations and Elections Committee, composed of at least three (3) members who shall be appointed by the Council and announced to the District Branch. This Committee will present its recommendations to the District Branch at the meeting.

(b) Any voting member may, on his or her own initiative, make a nomination for any office by a letter which reaches the President in time for him or her to present it to the District Branch at the next meeting. Nominations for more than one office may be made by such letter, if it is endorsed by a number of voting members equal to the number of nominations made.

(c) At the meeting, the President will accept further nominations, if any, from the members present at this meeting. If there is no contest for any office after nominations are received at the meeting, the President may call for an immediate vote of the membership and unanimous election of the proposed slate may be effected. If there is a contest for one or more office, the Secretary will send a mail ballot thereafter to all voting members with the ballot containing all nominations.

(d) Election will be affected in the following manner: all ballots received by the Nominations and Elections Committee by the specified date will be tabulated, and an announcement will be made at the meeting of the District Branch. The candidate for each office receiving the greatest number of votes shall be declared elected.

Section 3.3 Quorum; Action
A majority of the voting members of the Council shall constitute a quorum of the Council.

14 The District Branch may have such officers as are felt to meet local needs.

15 Qualifications for members of the Nominations and Elections Committee should be spelled out. According to The Standard Code of Parliamentary Procedure by Alice Sturgis such members should not be appointed by the President.
members of the District Branch shall constitute a quorum of the District Branch. Unless otherwise provided in these bylaws, the act of a majority of the voting members present at any meeting at which there is a quorum shall be the act of the Council.

Section 3.4 Meetings
Meetings of the Council/District Branch shall be held unless otherwise determined by the Council. The annual business meeting shall be held in Special meetings may be called by the President or upon petition signed by members of the District Branch. Members shall be notified of meetings by the Secretary not less than one week before the meeting. The procedure of the District Branch shall be governed by The Standard Code of Parliamentary Procedure by Alice Sturgis.

CHAPTER FOUR: OFFICERS

Section 4.1 Officers Designated
The officers of the District Branch shall include a President, a President-Elect or Vice-President, a Secretary, a Treasurer, or a Secretary/Treasurer, and such other officers and assistant officers as the Council may from time to time determine. No two offices may be held by the same person.

Section 4.2 President
The President shall be the chief executive officer of the District Branch. The President shall preside at all meetings of the membership and of the Council and shall otherwise perform such duties as are customary for presiding officers.

Section 4.3 President-Elect/Vice President
The President-Elect or Vice President, in the absence of the President, shall perform the duties of the President. The President-Elect shall assume the office of President as of the last day of the Association annual meeting on or about one year following his/her election as President-Elect. The President-Elect shall assist the President by acting as overall coordinator of all committee functions.

Section 4.4 Secretary
The Secretary shall keep a record of the proceedings of all meetings of the District Branch and of the Council; keep a list of all members; issue notices of all meetings; notify officers and members of committees of their election or appointment; and certify all official records.

Section 4.5 Treasurer
The Treasurer or agents authorized by the Council to act for the Treasurer shall have charge of all funds and collect all dues; pay all expenses of the District Branch by and with the consent and approval of the membership; make an annual report to the District Branch on the official transactions of income and expenditures of the District Branch at a specified meeting; and sign all checks of the District Branch.

Section 4.6 Representative to Assembly
The Representative to the Assembly of the American Psychiatric Association shall represent the District Branch in the Assembly and/or its subgroups, at all official meetings of the Association, and report back to the District Branch.

Section 4.7 Assumption of Office
All officers shall assume their respective offices at the close of business on the last day of the Annual Meeting of the Association, and with the exception of the Representative to the Assembly, shall continue in office for one year/two years, or until their successors are duly elected and assume office. The Representative to the Assembly shall continue in office for two years (or three years), or until his/her successor is duly elected and assumes office.

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16 at least annually
17 The Assembly strongly encourages District Branches during the next review of their bylaws, to adopt the APA District Branch Model Bylaws (which is the source the Committee uses to review their bylaws) incorporating modifications in accordance with their state law.
Section 4.8 Recall
An action for recall of an officer or any member of the Council of the District Branch may be initiated by a petition signed by _____ voting members of the District Branch or by a majority of the voting members of the Council. The petitioners shall set forth the reasons for initiating the petition and this shall be forwarded to the Secretary with a copy to the officer in question. A mail ballot shall then be sent to the general voting membership of the District Branch to be returned no later than _____ days upon its issuance. Recall shall be effected if two-thirds of the voting membership so indicates.

Section 4.9 Vacancies
Vacancies among the officers shall be filled as follows:

(a) President
If the office of President becomes vacant, the President-Elect will become Acting President for the remainder of the year and then will begin his/her term as President.

(b) President-Elect
If the position of President-Elect becomes vacant, the President will request the Nominations and Election Committee to meet at an early date for the purpose of selecting one or more candidates for President-Elect. As soon as practical, at a regular or special meeting, a new President-Elect will be chosen. The person so chosen will serve as President-Elect until the end of the year, when he/she will become President.

(c) Representative to the Assembly
If the position of Representative to the Assembly becomes vacant, the District Branch shall appoint a Representative to the Assembly who will assume the duties of the office until the following Annual Meeting, when a new Representative to the Assembly shall be elected.

(d) Other Vacancies
In the event any other office becomes vacant before expiration of a term, the Council shall elect a member to serve for the remainder of the term.

CHAPTER FIVE: REPRESENTATIVES

The District Branch shall be represented at the meetings of the Assembly of District Branches of the American Psychiatric Association and the Area Council by a Representative and a Deputy Representative. Such Representatives shall be elected as other officers of the District Branch and shall serve for a term of two/three years or until a successor is elected. When appropriate, such Representatives shall be instructed by Council and/or District Branch as to its wishes on various matters. Representatives shall submit reports to the District Branch on the activities of the Assembly and the Area Council.

CHAPTER SIX: COMMITTEES AND OTHER ORGANIZATIONAL ENTITIES

There shall be the following standing committees: _________________. The functions and procedures of such standing committees shall be established from time to time by the Council and published in the Operations Manual. The Council, upon recommendation of the President, shall establish or eliminate such other committees and organizational entities as may be necessary to implement the objectives of the District Branch. The Council, upon recommendation of the President, shall designate the chair and members of each standing committee and each other committee or organizational entity from among the voting members.

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18 APA standing committees are Ethics, Membership, Nominating, Bylaws, Budget, Tellers, Elections, and Reference. Standing committees are those which cannot be eliminated without amending the bylaws.

19 APA is incorporated under the laws of the District of Columbia, which requires that the Board of Trustees, not the president, be responsible for establishing or eliminating components and appointing their personnel. District Branches should write this section to reflect the laws of the jurisdiction under which they are incorporated.
CHAPTER SEVEN: ETHICS COMPLAINTS AND DISCIPLINARY PROCEDURES

Section 7.1   Code of Ethics
All members of the District Branch shall be bound by the ethical code of the medical profession, specifically defined in the Principles of Medical Ethics of the American Medical Association and in the Association’s Principles of Medical Ethics With Annotations Especially Applicable to Psychiatry.

Section 7.2   Ethics Complaints
Complaints charging members of the District Branch with unethical behavior or practices shall be investigated, processed, and resolved in accordance with procedures approved by the Assembly and the Board of Trustees of the Association. The name of a member who resigns during an ethics investigation will be reported to the membership.

CHAPTER EIGHT: CHAPTERS

Section 8.1
When a group of not less than ten members residing in a contiguous geographical locality within the State of _________ desire to create a Chapter of the _________ District Branch, they will proceed in the following manner:

(a) They will submit to the Secretary of the _________ District Branch a petition personally approved by signed statement of the proposed Charter Members signifying their intention to conduct their chapter organization and business in accordance with the Bylaws of the _________ District Branch and proposing the designation by which it would be known and requesting a specific geographic jurisdiction.

(b) The Council will consider the application and make a report and recommendation to the membership of the District Branch at a regular or special meeting.

(c) If approved by a majority vote of the members present and voting, the Chapter will be created, subject to the provisions of Section 2 of this Article.

At the time when Chapters are first formed, a smaller group may petition for Chapter status and be approved by the Council on grounds of distance from the center of other Chapter groups.

Section 8.2
Following the approval of the first Chapter, the rest of the state may thereafter be organized into one or more Chapters in accordance with the procedure above.

Section 8.3
Classification of membership and qualification for membership shall be the same as for the District Branch and the APA. Application for membership in the District Branch from within the territorial jurisdiction of a Chapter shall be made in accordance with procedures established from time to time by the APA Board of Trustees through its Membership Committee. Members of Chapters and members of District Branches must be members of the Association.

Members in the _________ District Branch residing or practicing within the political boundaries of the State of _________, but outside the territorial jurisdiction of any approved District Branch Chapter, may choose the Chapter to which they wish to belong until such time as a new Chapter may be formed to include their place of residence or practice.

Section 8.4
The Officers of the Chapter will consist of a President, President-Elect, Secretary, Treasurer, and three Councilors, one of whom shall be, after the first year, the immediate Past-President. The President of the Chapter, or his or her designate, shall be a member of the Council of the _________ District Branch. Chapter Officers shall be elected at an annual meeting to take place prior to the Annual Meeting of the American Psychiatric Association, and will assume their new responsibilities each year at the close of business of that Annual Meeting in the same manner as the officers of the District Branch.
Section 8.5
Chapters may form such committees as desired by the officers and the members. Chapters shall have equal representation on all District Branch committees insofar as possible, the members of which shall be chosen by the District Branch President or Council from nominees including those submitted by the Chapter President.

Section 8.6
All meetings of each Chapter shall be open to attendance by any member of the District Branch. Each Chapter shall have sufficient meetings to conduct necessary business and to further the goals of the Chapter and the District Branch.

CHAPTER NINE. AMENDMENTS OF THE BYLAWS

Amendments to the Bylaws may be initiated by a majority vote of members present at a business meeting of the District Branch, a quorum being present. The Council will, at its next regular meeting, make a recommendation about the proposed amendment. Council may also originate amendments by three-fourths vote of its members. The Secretary will then send a mail ballot to all members, including the full text of the proposed amendment, the recommendation about it made by the Council, and stating the date on which the mail ballots are to be counted. The amendment will become effective, if approved by a majority of the mail ballots returned by the specified tabulation date. An amendment may alternatively be approved by a two-thirds vote of the members of a regular meeting.

CERTIFICATE

I, __________________________, Secretary of the ________________ (district branch) of the American Psychiatric Association, certify that the foregoing is a true copy of the current bylaws of the Association as amended on _______ _______ (date).
# Areas of the Assembly
(By State or Territory)

<table>
<thead>
<tr>
<th>AREA 1</th>
<th>AREA 5</th>
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<tbody>
<tr>
<td>Connecticut</td>
<td>Alabama</td>
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<td>Maine</td>
<td>Arkansas</td>
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<td>Massachusetts</td>
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<td>New Hampshire</td>
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<td>Ontario</td>
<td>Kentucky</td>
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<td>Quebec and Eastern Canada (Nova Scotia, New Brunswick, Newfoundland, Prince Edward Is.)</td>
<td>Louisiana</td>
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<td>Rhode Island</td>
<td>Mississippi</td>
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<td>North Carolina</td>
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<td>Oklahoma</td>
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<td><strong>AREA 3</strong></td>
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<td>Tennessee</td>
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<td>Texas</td>
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<td>New Jersey</td>
<td>Virginia (excluding suburban Virginia)</td>
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<td>Pennsylvania</td>
<td>West Virginia</td>
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<td>Washington, DC (City of DC, suburban Maryland, suburban Virginia)</td>
<td>Uniformed Services</td>
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<td>Indiana</td>
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<td>Western Canada (Alberta, British Columbia, Manitoba Saskatchewan)</td>
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<td><strong>AREA 5</strong></td>
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</tbody>
</table>

## Allied Organization Liaisons

1. Academy of Psychosomatic Medicine
2. American Academy of Addiction Psychiatry
3. American Academy of Child & Adolescent Psychiatry
4. American Academy of Clinical Psychiatrists
5. American Academy of Psychiatry & Law
6. American Academy of Psychoanalysis and Dynamic Psychiatry
7. American Association for Emergency Psychiatry
8. American Association of Community Psychiatrists
9. American Association of Geriatric Psychiatry
10. American Association of Psychiatric Administrators
11. American Association of Social Psychiatry
12. American Group Psychotherapy Association
13. American Psychoanalytic Association
14. American Society for Adolescent Psychiatry
15. Association of Family Psychiatrists
16. Association of Gay and Lesbian Psychiatrists
17. Senior Psychiatrists
18. Southern Psychiatric Association
APPENDIX D: COUNCILS

Note: All Councils may recommend one organization from the Assembly Allied Organization list to be included as a member of their Council.

<table>
<thead>
<tr>
<th>Addiction Psychiatry</th>
<th>Medical Education &amp; Lifelong Learning</th>
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<tbody>
<tr>
<td>Advocacy and Government Relations</td>
<td>Minority Mental Health &amp; Health Disparities</td>
</tr>
<tr>
<td>Children, Adolescents &amp; Their Families</td>
<td>Psychiatry &amp; Law</td>
</tr>
<tr>
<td>Communications</td>
<td>Psychosomatic Medicine (Consultation-Liaison Psychiatry)</td>
</tr>
<tr>
<td>Geriatric Psychiatry</td>
<td>Quality Care</td>
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<tr>
<td>Healthcare Systems &amp; Financing</td>
<td>Research</td>
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<tr>
<td>International Psychiatry</td>
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1. Council on Addiction Psychiatry

The Council on Addiction Psychiatry is charged with the following:
- Liaison with the American Academy of Addiction Psychiatry (AAAP) to address mutual interests and priorities and advance shared goals
- Providing psychiatric leadership in the growing field of prevention and treatment of addictive disorders;
- Developing and clarifying the role of the psychiatrist in the prevention and treatment of addictive disorders;
- Formulating policy recommendations related to prevention, education, treatment, and research in addictive disorders;
- Considering important developments in basic knowledge, treatment, methodology, treatment systems, and related matters in the field of addictive disorders, and dissemination of that knowledge;
- In cooperation with other appropriate APA components, enhancing the quality and quantity of medical education in addictive disorders, at all educational levels, including undergraduate, residency, fellowship, and continuing medical education;
- Providing additional liaison to medical, educational, consumer interest, and governmental organizations interested in alcohol and other drug problems;
- Collaborating with other councils and components of the APA on common issues related to the role of psychiatry in addictive disorders; for example, to improve the quality of care and risk management for addictive disorders, to foster adequate research efforts and funding, and to foster adequate reimbursement for treatment.

Scope of work and work product: It is expected that a newly constituted Council will continue the work of its predecessor council and expand on it. It will maintain active communication and collaboration with Federal agencies and offices (i.e., ONDCP, NIDA, NIAAA, CSAT/SAMHSA; (2) provide ongoing consultation to initiatives to train and provide clinical mentorship to physicians who treat opioid dependence in their offices, (3) consult with the Department of Government Relations on legislative and policy initiatives that impact education, research, and clinical care; (4) maintain ongoing collaboration with components focused on other psychiatric subspecialties and seek opportunities to join together in efforts to strengthen the respective fields; (5) work closely and collaboratively with the American Academy of Addiction Psychiatry.

<table>
<thead>
<tr>
<th>Composition:</th>
<th>Standard council composition</th>
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<tbody>
<tr>
<td>Components:</td>
<td>None</td>
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<tr>
<td>Awards:</td>
<td>None</td>
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</table>

2. Council on Advocacy and Government Relations

The Council on Advocacy and Government Relations is charged with:
- Advocating at the state and federal governments on all issues of importance for the APA & the field of psychiatry as articulated and defined by the Board of Trustees;
- Proactively analyzing problems and anticipating needs for policies & planning strategies regarding current and anticipated legislative and political situations;
- Serving as the APA's coordinating body for all legislative activities, & acting as a conduit for efforts by other components and Area Councils to interact with the federal legislative process;
• Assisting the association to bring to fruition resolutions of issues critical to patients and psychiatrists traditionally functioning within public sector psychiatry, & keeping the association abreast of emergent public psychiatric issues & next generation issues;
• Actively collaborating with allied groups with shared goals to progressively move towards improved quality of care & treatment;
• Working with agencies that set policy on funding, access & quality of psychiatric services at the federal, state, & local level to affect legislation, regulations, and guidelines;
• Defining & recommending action to meet the mental health needs of veterans and military personnel & their families;
• Educating members on:
  - the identification of & the unique challenges facing military personnel, veterans, & their family members in community settings & existing barriers to their care;
  - normal patterns of individual and family adjustments to the stress of the deployment cycle with special attention to the needs of military children;
  - accurate assessment of psychiatric & morbidities and co-morbidities (including but not limited to posttraumatic stress disorder (PTSD), traumatic brain injury (TBI), major depression & substance abuse)
  - best practices available for the management of these & related concerns regarding resilience & recovery;
• Promoting the involvement of members across the full range of military, veteran & community practice in DoD/VA/State and Community Partnerships in service to returning military personnel, veterans and their family members to be rolled out nationally through the District Branches
• Recognizing, promoting and supporting the efforts and expertise of Department of Defense and Department of Veterans Affairs psychiatrists in clinical, research, academic & administrative roles & develop methods for increasing their participation & leadership
• Reviewing & stimulating research to implement the aforementioned.

**Composition:** Standard council composition, plus two additional members for a total of 14 members. The Chairperson of the APA/PAC will serve as an ex-officio corresponding member of the Council and the Chairperson of the Council will serve as an ex-officio corresponding member of the APAPAC.

**Components:**

**Committee on Advocacy and Litigation Funding (CALF): Charge:** The Committee on Advocacy and Litigation Funding has the responsibility of reviewing requests, usually from District Branches and State Associations, for financial support of projects involving legislation, litigation, and advocacy; of making recommendations regarding funding to the Board of Trustees; and of proposing coordinated activity by other APA components, District Branches, and State Associations. (See Appendix T of this manual, "Procedural Guidelines for Considering District Branch/State Association Requests for Funds or Assistance from Committee on Advocacy and Litigation Funding.") **Composition:** Standard committee composition; includes the Chair of Council on Psychiatry & Law, Speaker-Elect, a representative from Minority/Underrepresented Groups, and the APA Treasurer as an ex-officio member. **History:** Established as Commission on Public Policy, Litigation & Advocacy; restructured as committee under Council on Advocacy & Public Policy May 2002; renamed June 2002.

**Caucus of VA Psychiatrists**

**Awards:** Jacob Javits Public Service Award

**History:** Established May 2009, consolidated to include the charges of the Council on Advocacy and Public Policy, and portions of the charge to the Council on Social Issues and Public Psychiatry. The charges to the former Committee on Government Relations and Committee on Mental Health Care for Veterans and Military Personnel and their Families were subsumed into the charge to the Council on Advocacy and Government Relations.

### 3. Council on Children, Adolescents and Their Families

**The Council on Children, Adolescents and their Families is charged with the following:**

• Work to advance issues related to the diagnoses and treatment of mental health needs of children and adolescents with special attention to vulnerable populations.
• Keeps psychiatric issues involving children, adolescents, and their families in the forefront of APA policy.
• Works to assist general psychiatrists in learning more about the diagnoses & treatment of mental illness and the effects of physical illness on mental health in children & adolescents.
• Works with other APA components to advise & assist on matters that impact the emotional lives of children &
adolescents such as substance abuse & matters related to juvenile justice
• Works to help maintain effective communication and collaboration between the APA & the American Academy of Child & Adolescent Psychiatry
• Addresses the clinical care & provision of services of children and adolescents with developmental disabilities including autistic spectrum disorders & intellectual disabilities.
• Works to increase the awareness of the prevalence & promote the prevention of all types of violence including the physical & sexual abuse of children and spouse as well as other types of domestic abuse.
• Works to promote policies aimed at improving the awareness of mental health issues and the effectiveness of school based treatments within schools across all age ranges & settings.
• Helps promote the identification, treatment, and prevention of mental health issues of infants, toddlers, and preschool aged children in collaboration with other professional organizations and related programs.
• Oversees the activities of the Council-appointed Child & Adolescent Fellowship Program Work Group

<table>
<thead>
<tr>
<th>Composition:</th>
<th>Standard council composition</th>
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</table>
| Components:    | Caucus of Psychiatrists Treating Persons with Intellectual Disabilities  
|               | Caucus on College Mental Health |
| Awards:        | None                          |
| History:       | Re-established May 2009, the Council on Children, Adolescents and their Families subsumed the charges of the former components listed below after they were sunset in May 2009. Sunset Components: Committee on Developmental Disabilities, Committee on Family Violence and Abuse, Corresponding Committee on Infancy and Early Childhood, Corresponding Committee on Mental Health on College and University Campuses, Corresponding Committee on Mental Health and Schools, Corresponding Committee on Childhood Trauma, Caucus of Middle Eastern Kids Initiative (Sunset December 2009), Agnes Purcell McGavin Award Selection Committee (Sunset March 2016), Blanch F. Ittleson Research Award Committee (Sunset March 2016) |

4. Council on Communications

The Council on Communications is charged with the following:
Transform public attitudes towards psychiatry by:
• Connecting the public emotionally to psychiatrists
• Creating excitement about psychiatrists' ability to prevent and treat mental illness
• Branding psychiatrists as the mental health and physician specialists with the most knowledge, training, and experience in the field

To achieve the Council’s goals, the Council will carry out the following strategies:
• Advise and assist the Division of Communications and Public Affairs in the development, implementation, and promotion of its advocacy initiatives and strategies, as they relate to public affairs
• Understand the many diverse attitudes toward psychiatry among all cultural groups, and work to create approaches to improve attitudes about psychiatry
• Review, advise, and cooperate with other Association components regarding issues affecting the public image of psychiatry and public understanding of mental illnesses and advocacy issues
• Expand the Public Affairs Network both within and outside the APA and ensure bi-directional communications
• Build coalitions at local & national level
• Develop recommendations for the Board and the Assembly on public affairs implications of psychiatric practices, policies, communications, and developing public attitudes and trends.
• Recommend ways to achieve a uniform, exciting and culturally relevant image of the APA through a new branding effort.
• Contribute consumer-oriented materials to Healthy Minds Web site and campaign, providing a caring and diverse “public face” to psychiatry in order to reduce stereotypes about psychiatrists
• Collaborate and work constructively with the Assembly Committee on Communications.
• Identify and plan responses to ‘teachable moments’ that occur during and after crises, news stories, and other psychiatrically-relevant public situations.
• Media toolkit to help the APA DB/SAs address the problem of the vast state mental health budget cuts. The toolkit will be designed to help the DB/SAs lobby their state policy makers about the importance of state mental health programs, and educate them about the financial impact of cutting the funding for state mental health programs.
• Collaborate with DCPA to gain national distribution of the “Healthy Minds” public television series hosted by Dr. Jeffrey Borenstein and produced by WLIW in association with WNET.ORG. The series aims to humanize specific mental health conditions through inspiring personal stories and interviews with leading researchers and experts, who provide the latest information on diagnosis and treatment.

| Composition: | Standard council composition |
| Components: | None |
| Awards: | Member Communications Award (formerly Newsletter of the Year Award) |
| History: | Established as a council in May 2009, subsuming duties of the sunsetting Committee on Public Affairs (CPA) and District Branch Newsletter Corresponding Subcommittee. Established in 1979 as the Joint Commission on Public Affairs, replacing the Committee on Public Information originally established in 1948; restructured as committee under Council on Advocacy & Public Policy May 2002; charge revised June 2003. **Sunset Components:** Committee on Public Affairs, District Branch Newsletter Corresponding Subcommittee |

5. **Council on Geriatric Psychiatry**

The **Council on Geriatric Psychiatry is charged with the following:** The Council focuses on the special needs of older adults and thus stands at the interface of psychiatry with other medical specialties. It recognizes that integration of care is vital to the well-being of our patients. The council accomplishes its goals by initiatives related to education, research and clinical care in geriatric psychiatry. The specific areas that continue to require significant input by the APA, as embodied by the Council on Geriatric Psychiatry, include:

• Provide leadership in geriatric psychiatry
• Work collaboratively with other professional and advocacy groups to develop best practices in geriatric psychiatry
• Provide education and training to other physicians (including, but not limited to psychiatrists), residents, and medical students at scientific meetings and in other settings about the special needs of geriatric populations with mental illness.
• Evaluate existing public policy, services and third-party funding mechanisms for psychiatric care of older adults;
• Develop educational materials on the needs of persons who are mentally ill older adults and about the role of psychiatrists in meeting those needs. These materials may be targeted for medical and non-medical audiences.
• Support and/or lead ongoing efforts to improve the recruitment of psychiatrists into geriatric psychiatry fellowship programs.
• Identify and implement research into end of life issues and advance care planning, especially for people with mental illness, including populations of cultural, racial, and religious diversity.
• Work with other components and/or organizations on health care policy initiatives in geriatric psychiatry:
  - the evaluation and design of delivery systems, models of care, and payment mechanisms aimed at promoting high degrees of quality and cost-effectiveness for geriatric populations;
  - help the APA advocate at the federal and state level, and in public forums, for greater attention to excellence in end of life care, which includes psychiatric and psychosocial interventions;
  - develop APA position papers on geriatric psychiatry;
  - collaborate with the APA Council on Medical Education and Lifelong Learning to identify and/or create curricula for trainees and practicing psychiatrists on psychiatric aspects of palliative care; and
  - create mutual objectives and work collaboratively with other professional and advocacy societies to develop recommendations for quality geriatric psychiatric care end of life care.

| Composition: | Standard council composition |
### 6. Council on Healthcare Systems and Financing

The Council on Healthcare Systems and Financing is charged with the following:

- Work to foster parity and other non-discriminatory policies for mental health coverage, an activity that will require active monitoring and participation in activities generated through federal and state agencies, private commercial insurance carriers, and other fiscal intermediaries and the business community.
- Articulate and advocate for adequate funding and reimbursement for psychiatric and other mental health services in all settings, commensurate with the burden of disease and disability.
- Monitor and evaluate emerging trends in healthcare delivery and financing, including trends in both the public and private sector.
- Work closely with the APA and its components in proposing changes or modifications in public and private policy affecting access, funding and quality of psychiatric and mental health services nationally and regionally.
- Articulate and promote adequate resources for appropriate standards of care including identifying both regions and patient populations lacking in access to psychiatric and mental health services and recommending strategies and/or mechanisms for addressing manpower shortages and other barriers to accessing quality care.
- Work to foster the integration of the delivery of psychiatric and mental health services with the delivery of primary care services, which will involve the development of multiple models of care.
- Collaborate with other APA components involved in carrying out effective educational programs in the area of healthcare delivery and finance.
- Disseminate, broadly, information to the membership on developments relating to healthcare systems and financing through articles in *Psychiatric News* and other APA publications as well as through programs at the Annual Meeting and at regional meetings, as appropriate.

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<tr>
<th>Composition:</th>
<th>Standard council composition</th>
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<tr>
<td>Awards:</td>
<td>None</td>
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<tr>
<td>Components:</td>
<td><strong>Committee on Integrated Care:</strong> The committee is charged with advising and supporting APA on policy development and educational efforts – such as developing resource documents, tool kits, and advocacy materials – to improve access to psychiatric care through improved care coordination and effective integrated care models. This includes identifying financing mechanisms and other ways to advance the use of promising, innovative models of care used to effectively integrate behavioral health care, including mental illness and substance use disorders, with general medical care and other services needed to meet the whole health needs of patients. The Committee will also work with the Committee on Telepsychiatry and Committee on Mental Health Information Technology to explore the role of technology in delivering these models and coordinate with the APA administration on regulatory comments and legislative proposals related to integrated care. It will also advise APA on best practices and training necessary to support integrated care, including bidirectional integration. <strong>Composition:</strong> Standard committee composition. The committee is not authorized to meet in person, except at the APA Annual Meeting. <strong>History:</strong> Established March 2017 under the Council on Healthcare Systems and Financing.</td>
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**Committee on RBRVS, Codes and Reimbursements:** The CPT coding system and the RBRVS represent the principal means of classification and payment determination for physician services by both private and public third-party payers. The committee is charged with policy development, educational, liaison and advocacy efforts for the APA respecting physician payment issues. Specifically, it will have primary responsibility for: (1) AMA CPT process; (2) AMA RBRVS Update.
Committee; (3) APA member services on physician coding and documentation; and (4) liaison with the Medicare Advisory Corresponding Committee and other APA components regarding coding issues. Composition: 8 members, to be appointed by the President-elect will serve a total of three consecutive 3-year terms. Consultants are appointed to one (1) year terms and total tenure is not to exceed 9 years of contiguous service on the committee. Two years must pass before a consultant with 9 years of contiguous service as a consultant may be reappointed to the committee as a consultant. The committee is not authorized to meet in person, except at the APA Annual Meeting. History: Established 1987 as a work group; continued 1989; transferred from Board component to component within Council on Economic Affairs [now Council on Healthcare Systems and Financing], March 1990; changed to committee March 1999. March 2000, Committee on Codes and Reimbursements combined with Committee on the Harvard Resource-Based Relative Value Scales Study as Committee on RBRVS, Codes and Reimbursements; restructured May 2002; composition restructured December 2007.

**Committee on Reimbursement for Psychiatric Care:** This committee is charged with advising and informing APA policy development and advocacy efforts regarding public and private sector reimbursement, with a particular focus on new payment models. The committee is tasked with helping to track emerging issues, trends, and models that impact payment for and access to psychiatric care, as the U.S. health care system increasingly adopts value-based payment methodologies and other payment reforms. On behalf of CHSF and the JRC, the committee: 1) lends its expertise on issues involving public and private sector reimbursement for psychiatrists, particularly new models of care; 2) informs APA policy development and advocacy with policymakers and payers about how policies should optimally be structured to ensure access to high-quality psychiatric care as well as adequate payment for psychiatrists; 3) helps inform, educate, and equip APA members with the information needed to manage these changes; and 4) monitors reimbursement methodology and payment for psychiatric treatment, both professional and hospital provided in inpatient, and other non-office settings (e.g., partial hospital, nursing homes, etc.) and psychiatric treatment in community and multspecialty team based care models. It undertakes analytic, policy liaison and educational activities respecting those issues which are of major concern to the APA. Composition: Standard committee composition. The committee is not authorized to meet in person, except at the APA Annual Meeting. History: Established March 1999 under the Council on Healthcare Systems and Financing; combined with Committee on Prospective Payment Issues March, 2000; restructured May 2002.

**Committee on Telepsychiatry:** The committee is charged to advise APA on policy, legislative and regulatory initiatives; develop educational tools for members on telepsychiatry; and develop resource documents for members on the use of telepsychiatry. Composition: Standard committee composition. The committee is not authorized to meet in person, except at the APA Annual Meeting. History: Established March 2016 under the Council on Healthcare Systems and Financing.

**Awards:** None

**History:** Re-established May 2009, the Council on Healthcare Systems and Finance subsumed the charges of the former listed components after being sunset in May 2009. Sunset Components: Council on Social Issues & Public Psychiatry (portion), Committee on Managed Care, Committee on Public Funding for Psychiatric Services, Corresponding Committee on Private Practice, Corresponding Committee on Psychiatry in the Workplace, Medicare Advisory Corresponding Committee

### 7. Council on International Psychiatry

The purpose of the Council is to facilitate understanding of problems facing international psychiatrists and their patients. It will do so by focusing on international membership in the APA, and through increased membership in the APA, avail all members of the opportunities in education, advocacy, prevention and clinical care that membership in the APA provides.

1) The Council works in collaboration with the Membership Committee to recruit international members.
2) The Council assists APA in ensuring that APA policies and positions on international issues are current and appropriate.

3) The Council, working in collaboration with the Council on Research, provides recommendations and strategies to enhance the scientific base of international psychiatric care and global mental health.

4) The Council identifies opportunities for partnership with other organizations to foster the creation of financially self-sustaining international programs that will benefit all members of the APA and their patients.

5) The Council will assist APA in establishing mutually beneficial relationships between the APA and other internationally focused psychiatric organizations. The Council may facilitate collaborative development of clinical, research, training, and forensic guidelines by these various organizations, including the APA, for use by psychiatrists globally, with appropriate modifications for specific countries or regions. The Council may facilitate publication of news about these organizations and their activities in *Psychiatric News*.

6) The Council promotes engagement to enhance shared learning and leadership to achieve participation of all APA members.

The Council members are experts with experience in global mental health and who are broadly representative (geographically and culturally) of the diverse APA membership. The Council has a standard council composition. APA members who have membership in international organizations may be appointed as corresponding members and serve as liaisons to their international organizations. The Council will utilize freely available electronic communication technology to interact and coordinate with organizations and individuals outside of the United States in lieu of international travel. No APA funds will be budgeted nor used for travel outside the United States by members of this council for the work of this council.

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<th>Composition:</th>
<th>Standard council composition</th>
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<tr>
<td>Components:</td>
<td><strong>Caucus on Global Mental Health and Psychiatry</strong></td>
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| Chester M Pierce Human Rights Award Committee: | The committee is charged to nominate the candidates for the annual Chester M Piece Human Rights Award. **Composition:** Standard committee size comprised as follows:

One member from each of the following entities:
- Council on International Psychiatry
- Council on International Psychiatry (ECP/Fellow)
- Council on Minority Mental Health and Health Disparities
- Council on Minority Mental Health and Health Disparities (ECP/Fellow)
- Assembly Committee on Minority and Underrepresented Groups

Consultant:
Black Psychiatrists of America, President/Member (must be an APA member)

The President-elect will select the Committee Members from the APA bodies specified above and designate one member as the chairperson. |
| Awards: | **Chester M Pierce Human Rights Award** |

8. **Council on Medical Education & Lifelong Learning**

The Council on Medical Education & Lifelong Learning is charged with the following:

Charge: The Council monitors emerging issues and facilitates the development of resources and programs for psychiatric education at every level in the United States and globally. It includes premedical education, medical education, and
graduate medical education for residents and fellows in psychiatry (both basic education and subspecialty areas), psychiatric aspects of graduate medical education for other medical specialists and post-graduate continuing medical education and lifelong learning. The Council advises and assists the APA Division of Education in the development, implementation, and promotion of its education programs and initiatives.

1. The Council has oversight for planning, coordinating, directing, and evaluating all continuing medical education efforts and activities of the Association, meeting the requirements for Category 1 CME credit. (The Annual Meeting Scientific Program Committee has responsibility for CME programming at the Annual Meetings.)
   - recommend general policy and standards for continuing education of the APA including the CME mission of the Association;
   - through a variety of processes, assess the educational needs of APA members; identify the key learning gaps for psychiatry; and assist in identifying appropriate quality measures and topics for educational programming;
   - review and evaluate all CME programs of the APA such as APA meetings, books and journals, online programs, etc.;
   - promote the development and distribution of new types of effective continuing medical education; and
   - work closely with the Division of Education to provide educational programs that are relevant, and that demonstrate an outcome that impacts professional practice and adds to members’ foundation of knowledge in a rapidly changing field.

2. The Council identifies emerging issues related to undergraduate medical education and assists in developing effective, appropriate psychiatric education for all future physicians, as well as facilitating and supporting medical student recruitment into psychiatry.

3. The Council reviews and develops recommendations regarding all aspects of graduate medical education in psychiatry, including but not limited to development and maintenance of the highest quality psychiatric training program planning, curriculum development, career development, residency teaching, interface with medical student education, primary care and other medical specialty education and post residency fellowship training. The Council is charged with facilitating the APA’s response to proposed changes in the ACGME Essentials and the Special Requirements for Psychiatry and subspecialty programs.

4. The Council works with other APA components and Divisions to advise and assist on issues related to all levels of psychiatric education.

5. The Council maintains effective communication and collaboration with other associations and organizations such as: the American Board of Psychiatry and Neurology (ABPN) and its subspecialties; the Liaison Committee on Medical Education (LCME); the Accreditation Council for Graduate Medical Education and Continuing Medical Education (ACGME) and the Residency Review Committee for Psychiatry (RRC); the Accreditation Council for Continuing Medical Education (ACCME); the American Medical Association (AMA); the Council of Medical Specialty Societies (CMSS); the American Board of Medical Specialties (ABMS); the Association of American Medical Colleges (AAMC); the American Association of Directors of Psychiatric Residency Training (AADPRT); the Association for Academic Psychiatry (AAP); American Association of Chairmen of Departments of Psychiatry (AACDP); the Association of Directors of Medical Student Education in Psychiatry (ADMSEP); the American Medical Student Association (AMSA); the Student National Medical Association (SNMA); as well as other medical specialty and medical student organizations.

6. The Council will serve as advisors and mentors to the student leaders of PsychSIGN, the Psychiatry Student Interest Group Network.

7. The Council will disseminate relevant education information to all members.

8. Finally, the Council is charged with oversight of various APA awards, fellowships, and components that fall within its purview.

| Composition: | Standard council composition. Include as corresponding members the Presidents (or their designees) Association of Directors of Medical Student Education in Psychiatry (ADMSEP), American Association of Chairpersons of Departments of Psychiatry (AACDP), American Association of Directors of Psychiatry Residency Training (AADPRT), Association for Academic Psychiatry (AAP) and the American Board of Psychiatry and Neurology (ABPN). |
| Components: | **Annual Meeting Scientific Program Committee**: The Annual Meeting Scientific Program Committee has authority over the arrangements and content of the Scientific Program of the Annual Meeting, subject to Board approval. It holds one meeting in the fall to select the program for the upcoming meeting and one meeting in the summer to evaluate the previous Annual Meeting and begin plans for the upcoming meeting. The committee is charged to: (1) prepare the annual scientific program of the Annual Meeting, and (2) maintain close liaison with the Program Committee of the Institute on Psychiatric Services to facilitate integration of the two meetings in relation to program and site selection. The expenses of the Program Committee (other than for attendance at the Annual Meeting) are included in the budget for the Annual Meeting, which is self-supporting through fees from registration, CME courses, and exhibits. **Composition**: 18 members, some of whom are appointed to serve as liaisons between the Annual Meeting Scientific Program Committee and the Scientific Program Committee of the Institute on Psychiatric Services, and the Council on Research and Council on Quality Care, and 8 consultants, a liaison from the Assembly, American Psychiatric Leadership Fellow. Counts as three committees for budget purposes. **History**: Moved from Council on Internal Organization to Council on Medical Education and Career Development, March 1999; restructured under Council on Medical Education and Lifelong Learning May 2002. |
Caucus of Maintenance of Certification (MOC)

Caucus of Resident-Fellow Member

Committee of Resident-Fellow Members (CoRFM): CoRFM relays information from Resident-Fellow Members to the Board of Trustees. Increase collaboration between RFM leadership programs and groups within the APA. Efforts to minimize scheduling conflicts will be facilitated by APA staff. The CoRFM will meet via monthly conference calls (and/or Skype) and communicate primarily via email. The CoRFM will only meet in person at the annual meeting. This structure will allow a wide representation of RFMs in a cost neutral manner. All proposed individuals receive funding to the annual meeting from other sources. Although other RFM groups exist within the current structure of the APA, this group will facilitate communication between groups and allow for collaborative efforts. The Chairperson will prepare reports to the Council on Medical Education and Lifelong Learning with the assistance of the RFMTE. Composition: CoRFM will be composed of the RFMT, RFMTE, ACOM representative from each geographic area (7), the RRC RFM liaison (1), the AMA liaison (1), and one RFM representative from each council. The RFMs on each council will elect one RFM amongst themselves to serve on CoRFM. The RFMT will chair the CoRFM. A member of the BOT will serve as mentor to the CoRFM. History: Established 2010

Subcommittee on Joint Sponsorship of Continuing Medical Education (CME): The subcommittee is charged to implement an effective linkage between the accredited organization (APA) and the non-accredited organization. Subcommittee members plan, implement, and evaluate district branch programs on behalf of APA. Composition: Standard Committee composition. Members elected directly by the district branches. Each DB/Chapter interested in joining the subcommittee must submit an application for membership. The submission is reviewed by the Council on Medical Education, which provides final approval for membership. Members serve for at least one year. This committee is not authorized to meet in person except at the APA Annual Meeting. History: Established September 1992, to facilitate APA's joint sponsorship of district branch and chapter programs and to comply with ACCME essentials. In September 1992, the Board established a policy on APA joint sponsorship of CME activities such that APA will consider joint sponsorship of only district branch and chapter CME activities. Two exceptions have since been recognized by the Board: In October 2001, Physicians Purchasing Group (PPG) was accorded joint sponsorship status for its educational programs and in September 2002, the Board determined that APA could also jointly sponsor meetings with international psychiatric associations on a case-by-case basis. Restructured as corresponding subcommittee May 2002; composition clarified March 2003.

Scientific Program Committee of the IPS: Scientific Program Committee of the Institute on Psychiatric Services: The Committee meets in-person three times during the year to select the program for the meeting, which is held each fall. The first meeting is held at the time of the prior year’s meeting, where the incoming chair and members of the Committee, who were appointed or reappointed on September 1, begin planning the next meeting. Also during the meeting, the Committee for the current meeting meets daily to review any programmatic issues, assist in monitoring sessions, and fill any vacant roles of introducing speakers. The second in-person meeting is usually held in late January to select the scientific program. The Committee also meets for a third time during the APA Annual Meeting to finalize arrangements, speakers, and programmatic issues. The APA CEO/Medical Director assigns a staff member to serve as the APA Administration Liaison to the Scientific Program Committee. He/she has responsibility for coordinating Program Committee plans and providing staff support necessary to carry them out. His/her office serves as a communications center of the operation. He/she is assisted by other APA Administration, including the CME Conference Manager. The Director of the Meetings and Conventions Department oversees the staff support for logistics, registration, and exhibits, which includes a Senior Meeting Planner, Associate Director for Registration, the Associate Director for Exhibits, and the Meetings Assistant. Composition: Twelve members (no less than 50% of the entire IPS Scientific Program Committee shall have attended three IPS Meetings) and 2 consultants (including advocacy representative and a local member), three liaisons (for example, an APA Fellow, a representative from Psychiatric Services Journal, and the chair or a member of the Annual Meeting Scientific Program Committee.) Each member serves three years and may be reappointed for an additional three year term, not to exceed a total of six years. Each consultant and liaison serve one-year terms and are appointed annually. The composition of the Committee should include diverse members who work in various practice
settings, including, but not limited to, community-based, collaborative/integrated care practices, administration, and/or public funded systems and centers. New members are appointed no later than September 1 of each year, by the President-elect (who will be President at the time of the Meeting for which those appointments will serve), beginning his/her term in the October of the President-elect’s year and serving a three-year term. The chair of the Committee will be appointed or reappointed annually by the President-elect. **History:** Established 1949; name changed 1994 and 1999; restructured May 2002; composition revised December 2004.

**Vestermark Award Committee:** **Charge:** The Committee administers the Vestermark Psychiatry Educator Award. **Composition:** Three members, one of whom is traditionally the director of NIMH and/or his/her designee. The committee is not authorized to meet in person except at the APA Annual Meeting. **History:** Restructured as corresponding committee, May 2002.

### Awards:
- Vestermark Psychiatry Educator Award
- Psychiatric Services Achievement Awards
- APA Mentors of the Year Award

### History:
*History: Established Restructured & renamed May 2002. Re-established May 2009, the Council on Medical Education and Lifelong Learning subsumed the charges of the former components listed below after they were sunset in May 2009. Charge and composition revised September 2012. **Sunset Components:** Corresponding Committee on Graduate Education, Committee on Commercial Support, Committee on CME/Lifelong Learning, Committee on Psychiatric Administration and Management, Committee of Residents and Fellows, Corresponding Committee on Medical Student Education, APA/GlaxoSmithKline Fellowship Selection & Program Corresponding Committee, Corresponding Committee on History and Library, Psychiatric Services Achievement Awards Corresponding Committee, Council on Global Psychiatry.*

### 9. Council on Minority Mental Health & Health Disparities

The Council on Minority Mental Health and Health Disparities is charged with the following: The Council has the responsibility for the representation of and advocacy for both minority and underserved populations and psychiatrists from minority and underrepresented groups. The council seeks to reduce mental health disparities in clinical services and research, which disproportionately affect women and minority populations. The council aims to increase awareness and understanding of cultural diversity* and to foster the development of attitudes, knowledge, and skills in the areas of cultural competence through consultation, education, and advocacy within both the APA and the field of psychiatry** and public policy. The council aims to promote the recruitment into the profession and into the APA and retention/leadership development of psychiatrists from minority and underrepresented groups both within the profession and in the APA. The Council will constitute workgroups of members to implement its charge.

**From the 1999 APA Position Statement on Diversity:**

*“Cultural diversity includes issues of race, sex, language, age, country of origin, sexual orientation, religious/spiritual beliefs, social class, and physical disability.”*

**Defined as “including in undergraduate and graduate medical education, in faculty development, in research, in psychiatric administration, and in clinical practice.”**

### Composition:
The composition of the council includes, but is not limited to, the chairperson (who will be appointed from amongst the twelve members of the Council), the immediate past or a former Chair (in keeping with existing tenure rules), the Chair of the MUR Assembly representatives, an ECP representative, an Assembly representative, and at least one psychiatrist with knowledge/expertise for each of the following underserved patient populations/psychiatrist MUR groups: American Indian, Alaska Native & Native Hawaiians; Asian Americans; Blacks/African-Americans; Gays, Lesbians, and Bisexuals; Hispanics/Latinos; Women; and International Medical Graduates. In addition, one member position would include a psychiatrist with knowledge/expertise in the area of religion/spirituality and psychiatry. These psychiatrists must be representative of these APA-recognized MUR groups and whenever possible be actively engaged with allied groups related to the MUR group to foster collaboration.
Components: Caucus of Rural Psychiatrists  
Caucus on Spirituality, Religion and Psychiatry

Awards: None

History: Re-established May 2009, the Council on Minority Mental Health and Health Disparities subsumed the charges of the former components listed below after they were sunset in May 2009. 

Sunset Components: Committee of American Indian, Alaska Native and Native Hawaiian Psychiatrists, Committee of Asian-American Psychiatrists, Committee of Black Psychiatrists, Committee on Gay, Lesbian, and Bisexual Issues, Committee of Hispanic Psychiatrists, Committee on International Medical Graduates, Committee on Women, Corresponding Committee on Religion, Spirituality, and Psychiatry

10. Council on Psychiatry & Law

The Council on Psychiatry and Law is charged with the following: The Council's principal responsibility is to evaluate legal developments of national significance, proposed legislation, regulations, and other government intervention that will affect the practice of psychiatry, including the subspecialty of forensic psychiatry. The council focuses on legislation, regulation, and case law that has the potential to influence the provision, quality or availability of mental health care and services, alter the psychiatrist-patient relationship, affect confidentiality or the rights of patients, or that will otherwise regulate the practice of psychiatry in the public or private sector. Additional areas of attention include child forensic psychiatry, corrections, assessment of violence risk, and psychiatric issues that reflect international concerns (e.g., abuse of psychiatry and psychiatrists, violence, terrorism, and human rights). In fulfillment of this charge, the Council is responsible for making recommendations concerning pending legislation that may affect effective psychiatric treatment, research and training; preparation of model statutes for district branch use; monitoring regulations (and other forms of implementation of legislation); and drafting appropriate statements, resource documents, and recommendations for APA policy. A function of the Council is to make recommendations to the Board of Trustees regarding appellate cases in which the APA should participate as amicus or support DB/SA participation as amicus, based on input from the Committee on Judicial Action. When there are time constraints, requests from the Committee on Judicial Action may go directly to the Board of Trustees after consultation with the chair of the Council on Psychiatry and Law. If an issue must be acted upon prior to the next meeting of the Board, the President may consider the issue through the Executive Committee. (See Appendix L-1, “Guidelines for Approval of District Branch Requests to the Council on Psychiatry and Law,” of this manual.)

Composition: Standard council composition; authorized to use outside legal counsel & consultant. Council will include at least one child forensic psychiatrist & include appropriate expertise, as needed.
## Components:

**Committee on Judicial Action:** Charge: The function of the committee is to make recommendations to the Board of Trustees regarding appellate cases that the APA should participate as amicus or support DB/SA participation as amicus. When there are time constraints, requests from the Committee on Judicial Action may go directly to the Board of Trustees after consultation with the chair of the Council on Psychiatry and Law. If an issue must be acted upon prior to the next meeting of the Board, the President may consider the issue through the Executive Committee. (See Appendix L-1, “Guidelines for Approval of District Branch Requests to the Committee on Judicial Action,” of the Operations Manual.) **Composition:** Standard committee composition; authorized to use outside legal counsel. **History:** Established 1974; reconstituted 1979; restructured as committee under Council on Psychiatry & Law May 2002; charge revised November 2002; reporting mechanism revised March 2003.

**Caucus of Correctional Psychiatrists**

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<tr>
<td><strong>History:</strong></td>
<td>Established 1979; restructured May 2002; charge revised November 2002; restructured May 2009 Re-established May 2009, the Council on Psychiatry and Law subsumed the charges of the former components listed below after they were sunset in May 2009. <strong>Sunset Components:</strong> Corresponding Committee on Confidentiality, Task Force on Assessment of Violence Risk, Task Force on Forensic Outpatient Services, Corresponding Committee on Misuse and Abuse of Psychiatry and Psychiatrists, Corresponding Committee on Juvenile Justice Issues, Committee on Persons with Mental Illness in the Criminal Justice System; ; Isaac Ray Award Committee (March 2016), Manfred S. Guttmacher Award Committee (March 2016)</td>
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## 11. Council on Psychosomatic Medicine (Consultation-Liaison Psychiatry)

The Council on Psychosomatic Medicine (Consultation-Liaison Psychiatry) is charged with the following: The Council focuses on psychiatric care of persons who are medically ill and thus stands at the interface of psychiatry with other medical specialties. It recognizes that integration of bio-psychosocial care is vital to the well-being of patients and that full membership in the house of medicine is essential to the well-being of our profession. It accomplishes its goals by initiatives related to research, clinical care, education, and health care policy. The Council is charged to:

- Provide leadership at the interface of psychiatry with other medical specialties.
- Provide training and education to psychiatrists and other physicians, residents (including psychiatric residents), and medical students at scientific meetings and in other settings about the special needs of those with psychiatric illness in medically ill and complex medically ill populations.
- Provide scientific and clinical expertise on issues surrounding co-morbidities such as, but not limited to HIV Psychiatry and Integrated Care.
- Advocate for the enhancement of training in Psychosomatic Medicine (Consultation-Liaison Psychiatry) in medical schools and residency training programs.
- Create educational materials about the needs of those with psychiatric illness in medically ill and complex medically ill populations and the role of psychiatry/psychiatrists in meeting those needs for medical and non-medical audiences.
- Work with other components and/or organizations on health care policy initiatives: the evaluation and design of delivery systems, models of care, and payment mechanisms aimed at promoting high degrees of quality and cost-effectiveness in those with significant medical-psychiatric co-morbidity.
- Support APA’s advocacy efforts to increase the funding of research in these areas.
- Support and/or lead ongoing efforts to improve the recruitment of psychiatrists into Psychosomatic (Consultation-Liaison Psychiatry) fellowship programs.

| Composition: | Standard council composition |
APPENDIX D: COUNCILS

Components: None
Awards: None

History: The Council on Psychosomatic Medicine was first established in March 2004. In 2009 it was restructured as part of the Council on Adult Psychiatry, a consolidation of the former councils on aging, psychosomatic medicine and addiction psychiatry. In September 2010, The Council on Adult Psychiatry was sunset and the Council on Psychosomatic Medicine and Geriatric Psychiatry and Council on Addiction Psychiatry were formed. In December 2011, the Council on Psychosomatic Medicine (Consultation-Liaison Psychiatry) was established.

12. Council on Quality Care

The Council on Quality Care is charged with the following: The Council Quality Care is charged to monitor developments and carry out activities to ensure that the highest standards and quality of care remain integral parts of the APA mission. This includes but is not limited to monitoring, participating in initiatives and disseminating information in the following areas:

- Quality Indicators (national quality measurement enterprise)
- Standards & Survey Procedures (national accrediting bodies)
- Psychotherapy by Psychiatrists
- Patient Safety
- Practice Guidelines (Committee on Practice Guidelines)
- Electronic Health Records (Committee on Mental Health Information Technology)

Finally, the Council is charged with overseeing various APA awards, fellowships, and components such as committees, task forces, and workgroups that fall within its purview. Specific content areas of importance to the quality of psychiatric care may be represented by membership on the Council in the absence of a formal APA component.

Composition: Standard council composition

| Components: | Committee on Mental Health Information Technology: Charge: (1) identify activities that must be considered in the development of psychiatric electronic healthcare records and their infrastructure; for example, data collection for the purposes of quality improvement, patient safety, public health monitoring, research; and software development for the purpose of decision support; (2) develop brief reports providing the psychiatric perspective on relevant issues that can serve as a basis for APA positions and recommendations and for educational efforts for APA members; (3) advise APA’s representatives to the Physicians Electronic Health Record Consortium on issues that will affect psychiatry; for example, types of software needed, content of universal health records, privacy and security issues, connectivity issues and standards for certification of health information technology products; and (4) develop and maintain an awareness of emerging legislative and regulatory initiatives as well as national standards for electronic health records and provide input for APA testimony and comment. Composition: Standard committee composition. The committee is not authorized to meet in person except at the APA Annual Meeting. History: Established December 2004. Restructured under the Council on Research and Quality Care May 2009. Committee on Practice Guidelines: Charge: Provides close oversight of various practice guideline related projects and is responsible for actualizing the work of the projects. The specific charge to the committee includes: 1) Defining the APA guideline development process and ensuring adherence to the process; 2) Identifying areas in which patient care and clinical decision making can be optimized by evidence based recommendations, and selecting and prioritizing topics for practice guidelines; 3) Providing direction and advice on issues arising during guideline development and the work of guideline writing groups; 4) Approving submission of finalized guidelines to the APA Council on Quality Care, Assembly, and Board of Trustees for Association approval; 5) Providing expertise and education in evidence based guidelines development to APA members and components as well as other professionals in the mental health field; 6) Advocating for development, dissemination, and implementation of practice guidelines and promoting educational and training efforts to assist patients and clinicians in health care decisions. Composition: Members include a broad representation of several groups: public and private practitioners; Assembly Members; and Council members. One Committee seat is reserved for a member of the Assembly Executive Committee. |
Additionally, there are two consultants and liaisons representing each Assembly Area. Members are appointed for 5-year terms with one renewal possible. **History:** Established September 1990 under Council on Research; evolved from Work Group on Practice Parameters established March 1990; transferred from Council on Research, March 1999; restructured under Council on Quality Care May 2002. Restructured under the Council on Research and Quality Care May 2009.

**Caucus on Psychotherapy**

**Committee on Performance Measures**

The Performance Measurement Committee is a reporting component of the Council on Quality Care that includes members with expertise in both: 1) care systems, services, and settings; and 2) quality and performance measurement. This committee acts as an immediate resource for APA Quality staff for various quality policy initiatives and regulations. The committee is charged with:

1. Establishing an Association strategy and platform on quality measurement;
2. Laying out the potential nature, scope and purposes of quality measures and key questions that such measures might answer;
3. Advising on which types of measure development projects might be most suitable and appropriate for APA involvement.
4. Identifying key stakeholders for such APA measure development;
5. Assessing the current environment of medical specialty society's involvements with measures: currently active and developing measures among medical specialty societies and other healthcare organizations;
6. Determining the different mechanisms through which the APA might become involved in performance measurement, which should include direct involvement in the establishment of new measures focused on various conditions and the possible provision of guidance to existing measure development efforts;
7. Addressing long-term sustainability, including outlining budgetary considerations for various performance measurement development scenarios and identifying potential funding sources.

**Awards:** None

**History**

Established May 2009, the Council on Research and Quality Care subsumed the charges of the former components listed below after they were sunset in May 2009. **Sunset Components:** Council on Global Psychiatry, Committee on Psychiatric Diagnosis and Assessment, Corresponding Committee on Research Training, Corresponding Committee on Research on Psychiatric Treatments, Corresponding Committee on Health Services Research, Corresponding Committee on Electroconvulsive Therapy and Other Electromagnetic Therapies, Corresponding Committee on Research Ethics, Corresponding Committee on Prevention of Mental Disorders and the Promotion of Mental Health, Task Force on Complementary and Alternative Medicine Treatments for Mental Illnesses, Committee on Quality Indicators, Committee on Standards and Survey Procedures, Committee on Psychotherapy by Psychiatrists, Committee on AIDS, Committee on Patient Safety, Committee on Psychiatric Dimensions of Disasters

13. **Council on Research**

The **Council on Research is charged with the following:** The Council on Research carries out activities to ensure that the substance and significance of research on mental health/illness remain integral parts of the APA mission and in the forefront of the national health agenda. The Council embodies the Association’s commitment to advance evidence-based psychiatric knowledge across a broad range of research fields and issues, which include, but are not limited to, basic science, clinical diagnosis and assessment, treatment research, research training, health services, prevention research, and research ethics, and through the recognition of psychiatrist researchers who have made significant contributions to psychiatric knowledge and practice. These areas may be represented by the Committees and Task Forces under the Council’s jurisdiction, and others may be established in response to emerging needs relevant to the Council.
<table>
<thead>
<tr>
<th><strong>Composition:</strong></th>
<th>Standard council composition</th>
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| **Components:** | Caucus of Psychiatrists Treating Persons with Eating Disorders  
Caucus on Complementary and Alternative Medicine |
| **Awards:**     | None                        |

**History**

Established May 2009, the Council on Research and Quality Care subsumed the charges of the former components listed below after they were sunset in May 2009. **Sunset Components:** Task Force on DSM-V, Committee on Psychiatric Dimensions of Disasters, Council on Global Psychiatry, Committee on Psychiatric Diagnosis and Assessment, Corresponding Committee on Research Training, Corresponding Committee on Research on Psychiatric Treatments, Corresponding Committee on Health Services Research, Corresponding Committee on Electroconvulsive Therapy and Other Electromagnetic Therapies, Corresponding Committee on Research Ethics, Corresponding Committee on Prevention of Mental Disorders and the Promotion of Mental Health, Task Force on Complementary and Alternative Medicine Treatments for Mental Illnesses, Committee on Quality Indicators, Committee on Standards and Survey Procedures, Committee on Psychotherapy by Psychiatrists, Committee on AIDS, Committee on Patient Safety; Committee on Research Awards (March 2016)
APPENDIX E: BOARDS AND SPECIAL COMPONENTS

BOARDS

1. American Journal of Psychiatry Editorial Board
2. Psychiatric Services Editorial Board
3. Psychiatric News Editorial Advisory Board
4. Ethics Appeals Board/Ethics Committee Appeals Panel

**History:** The Board of Trustees voted to sunset the Ethics Appeals Board during its October 2007 meeting. The Ethics Appeals Board will be reconstituted on an ad hoc basis should the need arise in the future with funding identified by the Office of Finance and Business Operations.

SPECIAL COMPONENTS

Components Reporting to Standing Committees
Investment Oversight Committee – Finance & Budget Committee

Components (non-Standing Committees) Reporting to the Board of Trustees
Audit Committee
Conflict of Interest Committee

1. **Audit Committee**
   **Charge:** The Audit Committee is has responsibility for providing reports directly to the Board of Trustees. The Audit Committee assists the Board in fulfilling its fiduciary responsibility. It fulfills its functions and responsibilities for both entities, the APA and APAF. Its principle responsibilities are the following:
   - To see that appropriate internal controls and accounting policies and procedures are established and followed;
   - To see that the APA’s financial statements and other financial reports, such as those required under OMB Circular A-133 are issued on time and in accordance with its internal and external reporting requirements;
   - To see that the APA’s tax filings are made on time and in accordance with legal and regulatory requirements.
   - To see that the Association’s insurance coverage provides appropriate mitigation of financial risk by reviewing the insurance coverage with management on a regular basis.

   **Annual audit:** Annual audits will be presented to the Audit Committee upon completion of the annual audit for review and acceptance so that they can be finalized on a more expeditious basis. Annual audits are presented to the Board of Trustees and Foundation Board of Directors at their next scheduled meeting for information and discussion.

   **Composition:** The committee is composed of seven independent members: 1) the Treasurer, who chairs the committee, 2) the chair of the Finance and Budget Committee or his/her designee (ex officio), 3) the treasurer of American Psychiatric Association Foundation, 4) two other members. The two other members are appointed by the President-elect or the President if the appointments have not been completed by the time the President takes office. The term of office is three years for non-ex officio members and does not extend beyond the ex-officio member’s term of office. The CEO/Medical Director serves on the committee in an ex-officio and non-voting capacity. An independent member is independent of management (e.g., the CFO or CEO/Medical Director) and other relationships that would pose conflicts with the committee members’ ability to carry out the mission of the committee. The following APA staff will generally attend committee meetings, with the Chief Financial Officer having primary responsibility for coordination between APA staff and the committee: CEO/Medical Director; Chief Financial Officer; Director of Accounting. **History:** Established 1994; composition and charged revised March 1998; December 2000; charge revised July 2005.

2. **Conflict of Interest Committee**
   **Charge:** The committee reports to the Board of Trustees. With the assistance of APA staff, the committee is charged to: (1) review and maintain the APA Policy for Disclosure of Interest and Affiliations and Disclosure of Interests and Affiliations Form sending any revisions to the APA Board of Trustees for approval; (2) As needed, revise guidelines and procedures for the public disclosure of information provided to the APA via the disclosure of interests and affiliations form by participants in APA activities; (3) Develop and maintain appropriate procedures for identifying and managing potential conflicts of interest both by the organization and by individuals involved in APA activities; (4) Review disclosure forms of all participants in APA activities including, but not limited to members of the Board of Trustees, the Assembly, APA components, the DSM Task Force and its related work groups and advisors, the Practice Guidelines Committee, the Annual Meeting programs, and the journals; (5) Serve as the Board designated group for feedback and input on the
development and revisions to the online disclosures database; (6) Work with staff to make appropriate amendments to
the Operation Manual to include language concerning all relevant review procedures, with regular updates as
appropriate. **Composition:** The committee is composed of five members (including the chairperson) appointed by the
APA President. The APA Secretary serves, ex-officio, as the Chairperson. Of the four remaining members, at least one
must be a member of the APA Board of Trustees (but not an officer) or a member of the APAF Board of Directors. **Term
Length:** Members are eligible for two two-year terms.

3. **Investment Oversight Committee**

**Charge:** The committee was established to assist the Treasurers and the Boards of the Association and its corporate
affiliates with fulfilling their fiduciary responsibilities for the unitized corporate and staff investment portfolios and to
provide general direction to the Treasurer/s in fulfilling his/her duties in managing these investment portfolios. The IOC
makes recommendations relative to the establishment and updating of investment guidelines for these portfolios. It
makes recommendations regarding the selection of investment advisors and shall review their performance against
recognized market indices and established performance criteria. The IOC is responsible for overseeing the
implementation of the investment strategy, consistent with the Board-approved guidelines. In the event of a major shift
in the Association’s investment strategy, the IOC reports those developments to the APA Board of Trustees and the APAF
Board of Directors at its next regularly scheduled meeting. The chair of the IOC will provide reports directly to the Board
of Trustees. The IOC reports to the Finance and Budget Committee not less than twice a year. **Composition:** This
committee (the IOC) is composed of a chairperson, five members (four members plus the Treasurer of the APAF Board),
the Treasurer of the APA Board (ex-officio and voting), the chair of the Finance and Budget Committee (ex-officio and
voting) and the CEO/Medical Director (ex-officio and non-voting). **History:** Established December 1997; composition and

Note: The Bylaws of the APA states: "The Treasurer or his or her authorized agents shall receive, disburse, account for,
and manage all monies of the Association under the general direction of the Board.” This action does not alter the
Treasurer’s role but places the Investment Oversight Committee as an intermediary providing the Board’s general
direction.

**Finance and Budget Committee Components**

**History:** The Budget Committee was a standing committee until March 1998, when the Board of Trustees approved a
reorganization of the financial committee structure of the Association into a unified structure for financial and budgetary
matters, headed by a single Finance and Budget Committee reporting to the Board of Trustees. The Budget Committee
reported to the Finance and Budget Committee. In May 2006, Bylaws amendments were approved by the Board and
ratified by the Assembly to rename the “Budget Committee” the “Finance and Budget Committee” and have only one
committee with the composition, tenure, and functions as previously defined for the Finance and Budget Committee. See
also Chapter Two, “Component Structure of the Association,” and Chapter Four, “The Association’s Finances,” of this
manual.
APPENDIX F: ELECTION PROCEDURES AND GUIDELINES

The *Psychiatric News* Election Issue

The *Psychiatric News* provides special election coverage prior to the election, printed so that the issue(s) will be received in adequate time before receipt of ballots by members.

Election coverage includes:

- Pictures of uniform size of the candidates for all offices and available candidate website URLs.
- Texts of amendments to the Articles of Incorporation and/or Bylaws, or if approved by the Board, an outline of the transition provisions, texts of referenda, and texts of explanatory materials (in addition to being published in the *American Journal of Psychiatry*).
- Any other material of a specifically political nature relating to the campaign and election.
- Any other necessary material to fill out the issue, whether political in nature or not.

Editing and layout of the election issue or issues are to be the sole responsibility of the *Psychiatric News*. Deadlines are to be established and published in conjunction with the report of the Nominating Committee. Meeting deadlines is the responsibility of the candidates, and any material received beyond the deadline will not be published. It is not mandatory that all submitted material be published; the Editor has the right and responsibility to select material from the available submissions, provided impartiality and objectivity are maintained. Within the bounds of good journalism and impartial judgment, the Editor may publish in the election or other issues of *Psychiatric News* items concerning candidates if such material is adjudged by the Editor as newsworthy. Letters to the Editor in support of any candidate(s) will not be published.

- **No APA publication shall be used for paid political advertisements.** Other professional advertising for publications or educational meetings mentioning a candidate for office may be restricted or altered in format at the discretion of the Editor.
- **Candidates are advised that intertemperate remarks, personal attacks, and statements adjudged to be politically, socially, or professionally unacceptable will not be published.** The Elections Committee will arbitrate such matters and will consult with the Board of Trustees as necessary.

Petition candidates must submit their materials for publication in *Psychiatric News* and on the ballot by the same date as candidates nominated by the Nominating Committee: **November 15**. Petitions for nomination are due by the same date.

*Psychiatric News* is obligated to publish the report of the Nominating Committee and its list of candidates, and will publish as a news item the story of receipt of any petitions supporting a candidate for office. However, all materials relating to candidates and their candidacy shall be limited to the election issues. *Psychiatric News* will publish, as soon as possible after Board approval, the results of balloting for officers, trustees, amendments, referenda.

**Ballot Preparation**

The Staff Liaison to the Committee of Tellers prepares ballots for approval by CEO/Medical Director and the chairperson of the Committee of Tellers.

| Officers and Trustees: | Candidates’ names are placed on the ballot by systematic vertical rotation for each office. Resident-Fellow Members receive ballots with the names of the candidates for Resident-Fellow Member Trustee-Elect (RFMTE) as well as all other national candidates; other categories of voting members do not vote for the RFMTE. Members in areas voting for Area Trustee receive ballots with those candidates’ names as well. There is no designation of Nominating Committee candidates or petition candidates on the ballot, such distinctions having been made adequately in *Psychiatric News* prior to the election. |
| | Candidates’ biographies and statements appear in alphabetical order within office on the materials accompanying the ballot. Candidates submit biographies and statements on forms provided by staff (CVs are not acceptable). Candidates will certify that the biographical information is correct at the time of submission. Staff is not responsible for checking for accuracy, but when obvious errors are noted, staff contacts the candidate. The candidate need not sign a corrected copy of the data. |
**Amendments to the Articles of Incorporation and/or Bylaws:**
- Each article and section to be amended is printed on the ballot or accompanying materials. *Strike through* indicates portions to be deleted and *bold underscored italics* indicate portions to be added. If approved by the Board, an outline of the transition provisions may be substituted for the exact wording of the amendments.
- Amendment proposed by petition: a pro statement of 50 words or less from the petitioners, giving the purpose of the amendment, and a statement of 50 words or less by the Committee on Bylaws, giving the effect the change will have, are included with the ballot.
- Amendment proposed by the resolution of the Board: pro statement of 50 words or less from the Committee on Bylaws, giving the reasons for the change, is included with the ballot. The committee does not solicit opposing statements, but if one is received, it will be included (50 words or less.) When more than one con statement is received, the Elections Committee is authorized to synthesize the views received to appear with the ballot. (See also Section E of this appendix for procedures for proposing amendments by petition or by resolution of the Board.)

**Referenda:**
Referenda procedures for referenda appear in the Bylaws 8.4.

Referenda are sent to APA members with the annual mail ballot. A statement from the petitioners setting forth the reasons for the action, following consultation with the President, Speaker, CEO/Medical Director, and legal counsel (including fiscal advice), and a statement from the Board are printed on the ballot or accompanying materials. Petitions for referenda shall carry the name(s) of responsible individual(s) or organization(s) on the petition itself, so that members who sign such petitions know who is circulating or originating them. Signatures are valid only for the year in which they are initially submitted. Petitioners are required to submit petitions with the requisite number of current signatures. (See also Appendix F-6.3, “Guidelines for Petitions”, of this manual.)

**Recall Ballots:** Procedures for recall of nationally elected officers and trustees appear in Bylaws 4.9.

**Ballot Mailing and Processing**
- Ballots and accompanying materials are mailed to voting members on January 1 (or the following Monday January 1 falls on a weekend.) The announced deadline for return of ballots is January 31 (or the following Monday if January 31 falls on a weekend.) Online voting (in conjunction with paper ballots) is approved for use in APA elections until such time as the Board determines otherwise.
- Ballot mailing and processing may be outsourced to a firm selected by staff. The APA staff liaison to the Committee on Tellers works with the firm to ensure that ballots are printed (and online), mailed, remailed as necessary, and votes are processed in accordance with APA election procedures.
- Ballots are identifiable to the extent necessary to ensure that each member returns only one ballot and to remail ballots within a reasonable period of time before the deadline to members who do not receive their original ballots. Voting is confidential; data is reported in the aggregate but never on an individual basis. Given the errors that may occur in machine insertion of items into envelopes, individual materials may be sent upon request to members whose packets did not contain the appropriate items.
- Postage-paid return envelopes are used unless the Board determines otherwise. The return envelope is provided as a courtesy to members, but is not required to be used to return the ballot.
- Ballots returned by the post office and not remailed for lack of another address are deducted from the number of eligible voting members. Likewise, ballots returned with the notation that the member is deceased, retired, or incapacitated are deducted from the number of eligible voting members.
- Ballots on which the intent of the voter cannot be determined are held for a determination by the Committee of Tellers on the validity of the votes.
- Votes are counted by district branch; i.e., the number of votes cast for each candidate, amendment to the Articles of Incorporation and/or Bylaws, and referenda are tallied by district branch.

**Votes Needed for Passage/Election**
The number of votes cast is separately determined for each office and each issue. An abstention (contests left blank by the voter; i.e., no vote) on a particular office or issue is considered to reflect a positive action on the part of the voter and is considered a vote cast, but is not counted in determining pass/fail requirements. Invalid votes (voting for more than the number of choices allowed) are considered votes cast, but are not counted in determining pass/fail requirements.
| Officers and Trustees: | Preferential voting for officers and trustees is used when there are more than two candidates for an office. Guidelines for preferential voting appear in Sturgis's The Standard Code of Parliamentary Procedure, current edition. Plurality voting is used when there are only two candidates for an office; the contest between two candidates is decided by majority vote. Any candidate is permitted to withdraw from any election. If the number of candidates who withdraw is such that only one candidate remains, that candidate is deemed to have won the election. |
| Amendments to the Articles of Incorporation: | Approval by a two-thirds majority of at least 33 1/3 percent of the eligible voting members of the Association is required for adoption of the proposed amendment (Bylaws 11.5). If adopted, the amendment becomes effective upon certification by the Committee of Tellers to the Board unless a later effective date is specified on the ballot. |
| Amendments to the Bylaws: | Amendments to the Bylaws are handled in the same manner as are amendments to the Articles of Incorporation, except that approval by a majority of at least 33 1/3 percent of the eligible voting members is required for adoption (Bylaws 11.4). |
| Referenda: | For a referendum (Bylaws 8.4) to pass, at least 40 percent of the total number of members eligible to vote must vote and at least one-third of the total number of members eligible to vote must vote in favor. |

**Amending the Articles of Incorporation and/or Bylaws**

Proposals to amend the Articles of Incorporation shall originate by resolution of the Board of Trustees (Bylaws 11.5). A proposed amendment shall be disseminated to the entire membership not later than January 1 of the year in which it will be voted on (The American Journal of Psychiatry or Psychiatric News may be used for this purpose.)

**Proposals to amend the Bylaws:**

- The bylaws may be altered, amended or repealed, or new bylaws made, by the Board of Trustees or by voting members (Bylaws 11.1).
- Amendments to the bylaws by the Board of Trustees require the approval of a **two-thirds majority** of the voting members of the Board present at a meeting at which a quorum is present, and **ratification by a two-thirds vote** by strength of Assembly members present at which a quorum is present. If action is required before the next Assembly meeting, the amendment may be ratified by a two-thirds vote of the Assembly Executive Committee at a meeting at which a quorum participates, provided that if any such amendment is not ratified by the Assembly at its next meeting, it will not be effective after the Assembly vote. The entire membership is notified of any amendments so adopted as soon as practical after the Board meeting at which the amendments are approved (Bylaws 11.2). (The American Journal of Psychiatry or Psychiatric News may be used for this purpose.)
- Amendments to the bylaws by members may originate either by resolution of the Board (the Board puts the proposal on the ballot for a membership vote) or by a petition signed by **200 or more** voting members (Bylaws 11.3). A petition to amend must be received by the Secretary by October 15 of the year prior to the year in which it will be voted on.
- Proposed amendments to be voted on in the annual ballot, whether originating by the Board or by the members, shall be disseminated to the entire membership not later than January 1 of the year in which it will be voted on (Bylaws 11.4). (The American Journal of Psychiatry or Psychiatric News may be used for this purpose.) See D.4 above for votes needed for passage.

**The process for submitting an amendment by petition is:**

- Any voting member may initiate a petition to amend the Bylaws. The sponsor of the proposal has the responsibility of circulating the petitions. Petitions must carry the name(s) of responsible individual(s) so that the members who sign them know who is circulating or originating them. The Secretary must receive the petition by October 15 of the year prior to the year in which it will be voted on.
- The editors of the Journal and Psychiatric News may, at their discretion, give space to discussions for and against the proposal.
- A proposal initiated by petition is submitted to the Board for its information. Regardless of the Board's decision on the proposal, it must be disseminated to the entire membership and submitted for mail ballot. However, the sponsor of the petition may withdraw the proposal up to the time the ballot is sent to the printer by submitting said intent and the signatures of the original petitioners.

The Board of Trustees may resubmit for a vote of the member amendments which did not receive the requisite 33 1/3 percent votes cast, but which would have passed if they had received 33 1/3 percent votes cast.
APPENDIX F-2: APA ELECTION GUIDELINES FOR CANDIDATES AND SUPPORTERS

Based on Those Approved as Amended by the Board of Trustees – March 2015

A. Overview

The intent of the guidelines is to encourage fair and open campaigning by APA members on a level playing field by (1) specifying permitted and prohibited election related activities, (2) fostering opportunities for candidates to educate their colleagues about the issues, (3) informing voters about candidate experiences and views (4) keeping costs down; and (5) maintaining dignified and courteous conduct appropriate to the image of a profession.

Campaigning is not permitted until after the nominations have been reported to the Board of Trustees by the Nominating Committee. Members should withhold commitments of their final support or votes until after all candidates are known. Members soliciting letters of nomination or circulating petitions to be nominated may not use the nomination process for campaign/electioneering purposes beyond asking for nomination letters or signatures on petitions.

Each candidate receives a copy of these guidelines and a statement to sign, certifying that he/she has read the guidelines; promises to abide by them; will immediately report any deviations of which he/she becomes aware to the Elections Committee; and will notify and try to correct any supporter upon learning of an actual or potential deviation. Candidates are to inform members they ask for support about the guidelines by sending a copy or calling attention to the guidelines on the APA website.

All APA members are expected to abide by the APA election guidelines in APA elections, including in their capacity as officers and members of other organizations. APA requests that other organizations adhere to the intent of the campaign guidelines and provide fair and equitable coverage of opposing candidates.

When candidates or their supporters are unclear about whether an intended campaign action is permitted, they should seek the opinion of the Elections Committee before taking action. The Elections Committee will respond with a ruling concerning the proper interpretation of the guidelines and inform all candidates in order to maintain a “level playing field”.

The Elections Committee investigates any potential violation by a candidate or supporter of which it becomes aware, and reports violations to the Board of Trustees. The procedures used by the Elections Committee to investigate and report campaign violations are in Chapter 2 of the Operations Manual and will be sent to candidates with these Election Guidelines.

B. Campaigning

Campaigning is defined as any attempt to influence a potential voter’s vote. Campaigning includes mentioning one’s candidacy or making any statement that might be interpreted as a position statement reflecting what actions the candidate would take if elected. It does not include appearances made as part of one’s normal work activities.

1. General
   - Candidates are to state their own positions on issues and their own plans for the Association directly and positively.
   - Candidates/supporters may not make personal attacks against other candidates.
   - National Nominating, Elections and Tellers Committee, as well as the Board of Trustees, are not permitted to participate in campaigning, and endorse/support a candidacy.

2. Resources
   - Candidates and supporters may communicate with each other and coordinate campaign activities. However, formal campaign committees (entities that can make statements or take other actions on behalf of the candidate) are not allowed and candidates may not enter into agreements to campaign together. Merely endorsing a candidate is not a violation of the guidelines as long as there is not prior commitment or agreement in campaigning together.
   - Fundraising is not permitted. A goal of these guidelines is to limit campaign activities to a level that all candidates can easily afford.
   - Use of APA, Area Council/State Association, or District Branch resources or personnel is generally prohibited, except to support the election process, including communication of candidate statements to members.
   - APA, Area Council/State Association, or District Branch funds, services, stationery, or staff may not be used to endorse, support or promote any candidate; however, Area Council/State Association or District Branch funds – not APA funds – may be used to support the expenses of candidates invited to the branch/area meeting for election purposes.

3. Campaign Communications
   Permitted forms of campaigning include the following; all others are prohibited.
a. **Electronic Messages (E-mail, SMS, etc.)**
   There are no limits on the number of campaign messages sent electronically. However, candidates and supporters are advised to use restraint with electronic messages of all kinds, as these are often ill-received by voters, especially if voters perceive that they are being spammed. Beginning E-mail messages with the conventional “APA Campaigning” in the subject line is a courtesy that can help recipients to quickly sort out campaign E-mail messages. Obtaining E-mail addresses is the responsibility of the candidates and their supporters; they are not to be provided by APA, Area Councils/State Associations, or District Branches.

b. **List servers (Listservs)**
   Candidates may create their own list servers to facilitate communication with and among their supporters.
   
   The APA Member-to-Member list server may be used for campaigning, but no other list servers used for APA, Area Council/State Association, or District Branch functions.
   
   List servers of other psychiatric organizations may be used for campaigning if permitted by those organizations.

c. **Social Networking Sites, Blogs, and Homepages (Facebook, Twitter, etc.)**
   Candidates may use social networking sites, blogs, and homepages for campaign purposes.

d. **APA Website**
   APA will include information on all candidates (the photos, biographies, statements printed in *Psychiatric News*, and links to candidate homepages) and on the election itself (campaign guidelines, ballot mailing and return dates, etc.) on its web site. This election information can be accessed through the election logo and linked to other information as appropriate.

e. **Candidate Homepage**
   Each candidate is responsible for setting up and financing his/her own homepage. There will be a disclaimer on APA’s website stating that candidates’ homepages are their own creation and responsibility, and that APA takes no responsibility for information posted on them. APA reserves the right to cut the link between its web site and a candidate’s homepage if a candidate violates the campaign guidelines.

f. **Phone**
   Campaign-related phone calls (including calls made through services such as Skype) may be made from candidates/supporters to individual APA members. Use of automatic calling services (robocalls) or hiring personnel to make such calls is prohibited.

g. **Letters and Handouts**
   There are no restrictions on number of campaign letters, postcards, faxes, or handouts.

h. **Private Discussion**
   Spontaneous private election-related communication with colleagues is permitted.

i. **Invited Position Statements**
   Psychiatric organizations may request written position statements or answers to questions for publication in a newsletter or other written medium. Such publication requires that no candidate is endorsed or favored and that all candidates for a given office have been given equal opportunity to respond.

j. **Area/State/District Branch Campaigning: Newsletters**
   Area Council/State Association or District Branch newsletters may announce as news items of up to 150 words per candidate the candidacy for national office or Area Trustee of member(s) of that Area Council/State Association or District Branch, with pictures. Editorial endorsement of candidates is prohibited, as are letters to the Editor in support of (or opposition to) candidates. Newsletters may print other statements or materials by or about a candidate only if they give equal opportunity to opposing candidates. Newsletters may not be distributed beyond the usual newsletter distribution.

k. **Mutual Campaign Presentations**
   A mutual campaign presentation is defined as an event where all candidates for an APA office appear together to acquaint voters with the candidates and/or to discuss campaign issues. Candidates may appear in person or through electronic media.
   
   - If all candidates have been given equal opportunity to attend and one cannot attend, the other candidate(s) may present.
   - Endorsement or favoritism of any candidate is prohibited.

l. **Introduction at Professional Presentations**
A candidate’s candidacy may be mentioned when the candidate is introduced for the purpose of giving a professional presentation, provided that the candidate is not endorsed.

C. Professional Presentations
There are no restrictions on professional presentations, defined as events where no campaigning occurs and a candidate participates in the dissemination of information through any medium. Running for office should not inhibit or prohibit candidates from conducting their usual professional business.
STATEMENT OF COMPLIANCE

As a candidate for election to APA office in the year _____, I hereby certify that I have read the guidelines. I promise to abide by them, including the use only of my own resources for election activity. I will report to the chairperson of the Elections Committee immediately any deviations from the guidelines of which I become aware. I will notify and try to correct any supporter whenever I become aware of an actual or potential deviation.

SIGNED: ___________________________  DATE: ______________________

Please confirm, correct, or provide the information shown below for use by APA staff. If your home, work, and/or fax number is not shown, please provide those number(s). If you have an e-mail address that is not shown (and you regularly check your e-mail), please provide it.

CANDIDATE INFORMATION IS PRINTED ON APA’S WEBSITE. PLEASE NOTE ANY INFORMATION YOU DO NOT WANT MADE PUBLIC.

<table>
<thead>
<tr>
<th>Name</th>
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<tr>
<td>Address</td>
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<td>Home Phone</td>
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## ELECTION PRINCIPLES
(Approved by Board of Trustees March 2000)

<table>
<thead>
<tr>
<th>Principle</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>The <strong>EQUITY OF ACCESS PRINCIPLE:</strong></td>
<td>The electorate and the candidates should enjoy optimum access to each other, to meet or communicate without unnecessary encumbrances. (This will address questions on the issue of free speech, of method of communications, i.e. postal, electronic, printed, etc.)</td>
</tr>
<tr>
<td>The <strong>FAIRNESS PRINCIPLE:</strong> (leveling the playing field)</td>
<td>Every qualified member should have equal opportunity to run for leadership positions in the APA. (This addresses the problem of the power and privilege of incumbents, which pose handicaps to challengers or outsiders. Equal opportunity addresses the issue of finances and expense problems.)</td>
</tr>
<tr>
<td>The <strong>COLLEGIALITY PRINCIPLE:</strong></td>
<td>An atmosphere of collegiality should be promoted among candidates and among members, fostering the fellowship spirit, a more open communication and exercise of professionalism that would ensure focus on issues and fair play.</td>
</tr>
<tr>
<td>The <strong>CANDIDATE ENGAGEMENT PRINCIPLE:</strong></td>
<td>Candidates should be involved in interpreting rules that affect their campaign to arrive at a common understanding of the said rules, and agreement on what they want to do to interact with the electorate.</td>
</tr>
<tr>
<td>The <strong>MEMBERSHIP ENGAGEMENT PRINCIPLE:</strong></td>
<td>The election process should arouse members’ interest in and knowledge of APA affairs and foster optimum ballot returns. A well-informed member will likely be an involved voter, and vice versa.</td>
</tr>
<tr>
<td>The <strong>ECONOMIC PRINCIPLE:</strong></td>
<td>The candidates and the APA should collaborate to find and utilize the most economic means of conducting the election campaign in terms of time and money.</td>
</tr>
</tbody>
</table>
1. District branches, Area Councils/State Associations, and other APA components may initiate, propose, endorse, or oppose referenda or amendments to the Bylaws. These are policy forming or educative activities, not campaigning.

2. Organizational components may support or oppose referenda if meetings and organizational publications (particularly those of district branches) reasonably provide equal opportunity for the expression of opinion by opposing factions.

3. Any APA member, as an individual, may take a public stance or position on referenda or amendments through mailings or other communications. Candidates for office may express their views in the election issue(s) of the Psychiatric News. District branch newsletters may also solicit and/or publish candidates’ views on referenda or amendments, provided they give opposing candidates equal opportunity to respond and limit the statements to 50 words or less. The candidate's position is thus disseminated while limiting the use of referenda or amendment issues for individual campaign purposes.

4. APA headquarters may sell mailing labels to any APA member or group of APA members for referenda or amendment mailings subject to rules established by the Central Office for the use of labels. Mailings must contain specific disclosure of the source of funding for the mailing. These provisions shall apply to district branch mailing lists.

5. No APA, Area, or district branch funds or services shall be used for referenda or amendment campaigns other than for official communications such as newsletters or organizational mailings. If a district branch utilizes its newsletter or other mailing to discuss any issue, reasonable opportunity should be provided for diversity of opinion. District branches may recommend adoption or rejection of referenda or amendments.

6. Only APA members or groups of members may contribute money or other resources for electioneering on referenda or amendments.

7. The Psychiatric News will present texts and explanatory materials for referenda or amendments in the annual election issue. The Board and APA components are authorized to present analyses of referenda or amendments and opinions of their merits. Reasonable opportunity for the expression of opposing views shall be provided by the Psychiatric News.

8. The Psychiatric News may present appropriate articles, editorials, or letters on the issues. At the discretion of the Editor, the News shall provide a balanced expression of opposing views. No individual writing for or against referenda or amendments shall be identified by his/her organizational position.

9. No paid advertisements on behalf of or in opposition to referenda or amendments will be permitted.
APPENDIX F-4: NOMINATING PROCEDURES FOR RESIDENT-FELLOW MEMBER TRUSTEE-ELECT CANDIDATES

Each year after the APA Annual Meeting, a call for nominations for Resident-Fellow Member Trustee-Elect goes out to Resident-Fellow Members, training directors, district branches/state associations, and Area Councils along with a notice in Psychiatric News. The Resident-Fellow Member Trustee-Elect (RFMTE) Nominating Subcommittee, chaired by the immediate past Resident-Fellow Member Trustee (RFM), confers to consider nominations and develop a rank order list of the top nominees to present, along with the reasons for the ranking, to the Nominating Committee. Nomination packets for the nominees recommended by the RFMTE Nominating Subcommittee are distributed to the Nominating Committee for review. The Nominating Committee selects candidates for RFMTE, taking very seriously the recommendations and rank ordering of the RFMTE Nominating Subcommittee. The Nominating Committee nominates at least two candidates to run for RFMTE. After candidates chosen by the Nominating Committee are known, additional nominations may be made by petition, according to procedures for filing petitions (Bylaws 3.2). The deadline for receipt of petitions is November 15; 100 signatures of Resident-Fellow Members are required for RFMTE nomination (the same as for Area Trustee).

The Nominating Committee and Subcommittee may consider the following in its deliberations:

- APA/DB activities
- Activity/work in psychiatry/medicine
- Research and publications
- Previous organizational experience (need not be medically-or psychiatrically-oriented)
- Grass roots community experience, medical and/or non-medical
- Training/previous training
- Leadership role which shows vision and creativity
- Prior "life experience"-training or job in another field; first career; unusual background

---

### Resident-Fellow Member Trustee-Elect (RFMTE) Nominating Subcommittee

- Immediate Past Resident-Fellow Member Trustee (Chairperson)
- Current Resident-Fellow Member Trustee
- Assembly Committee of Area RFM Representatives, Chair
- Fellow (APA/SAMHSA/Diversity Leadership, American Psychiatric Leadership, and APA Public Psychiatry. The representative from the fellowship groups rotates on an annual basis among the fellowships.)

---

### Eligibility Criteria:

- At the time of recommendation, residents must be APA Resident-Fellow Members.
- Residents must have the training director or department chairperson sign a statement prior to nomination, indicating that, if the resident is elected, the training director will agree to allow him/her to honor this two-year commitment as RFMTE/RFMT as part of training.
- PGY-3 residents must be planning to be in training through PGY-5 so as to be in training through the term as RFMT, and will be asked to sign a statement of intent to do so, prior to nomination. If a PGY-3 resident is elected RFMTE, but changes plans such that he/she is no longer in training, he/she will forfeit the RFM position. The vacancy will be filled by appointment by the Board as stated in Bylaws 4.9.
- The resident elected as RFMTE/RFMT cannot, while serving as RFMTE/RFMT, simultaneously belong to or hold a position as an RFM Area Representative or Deputy Representative, American Psychiatric Leadership, APA Public Psychiatry, APA/SAMHSA, or Diversity Leadership fellowships.

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### Requested Materials:

- Contact information
- Demographic information (optional): Are you a member of any of the following APA-recognized Minority/Underrepresented Groups? American Indian, Alaska Native, Native Hawaiian Psychiatrists; Asian-American Psychiatrists; Black Psychiatrists; Hispanic Psychiatrists; International Medical Graduates; Lesbian, Gay, Bisexual Psychiatrists; Women Psychiatrists
- Curriculum vitae (no more than two pages);
- One-page personal statement from the resident supporting his/her recommendation, including answers to: (1) What would your particular skills and experience bring to the APA? (2) What would you do to address the major issues facing psychiatry and/or the APA?
- Statement signed by the training director or department chair as indicated in eligibility criteria

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**RFMTE/RFMT Position Descriptions:** The Resident-Fellow Member Trustee position was created by constitutional amendment in 1987. Each year, a Resident-Fellow Member Trustee-Elect is elected at large and serves on the Board for one year without a
vote. At the end of that year, the Resident-Fellow Member Trustee-Elect advances to Resident-Fellow Member Trustee and serves on the Board for one year with voting privileges. A new Resident-Fellow Member Trustee-Elect is elected. These positions provide national APA leadership opportunities specifically for Resident-Fellow Members. The Resident-Fellow Member Trustee (with vote) and Resident-Fellow Member Trustee-Elect (without vote) are members of the Board of Trustees, the governing body of the APA. The power to make policy is vested in the Board, and the Board’s primary function is to formulate and implement the policies of the Association. The Board exercises all powers of the Association that are not otherwise assigned. Members of the Board are notified in advance of the date and place of the meetings and are sent such materials on the agenda as are available. Trustees are expected to attend meetings and participate in the matters at hand, for they cannot delegate responsibility to govern or give a proxy vote. The Board customarily meets five or six times a year: in March; in May at the annual meeting (an organizational meeting with newly elected officers and trustees is held at this time); in June or July; September (sometimes); in October at the Psychiatric Services Institute, and December, but it may meet more often at the discretion of the President. The meetings, other than the annual meeting, are held in Washington, D.C., at a hotel near APA headquarters. APA pays travel, room, and meal expenses for Board members to attend Board meetings. The meetings generally last from noon Friday to noon Sunday (except during the annual meeting) but dates and times are at the President’s discretion. The resident elected as RFMTE and RFMT cannot, while serving as RFMTE and RFMT, simultaneously belong to or hold a position in the Committee of Residents & Fellows, RFM Area Representative or Deputy Representative, American Psychiatric Leadership, APA Public Psychiatry, or SAMHSA/Diversity Leadership fellowships.

Date________________________

TO: Directors of Psychiatric Residency Training Programs  
Chairpersons of Departments of Psychiatry

FROM: Nominating Committee, American Psychiatric Association

Training directors or department chairpersons of residents who are being considered for nomination for the Resident-Fellow Member Trustee-Elect position on APA's Board of Trustees must sign and return this form with the resident's submission.

I agree that, if Dr. ____________________________, a resident in my training program, is elected to the position of Resident-Fellow Member Trustee-Elect on the APA Board of Trustees, I will allow him/her to honor this two-year commitment as Resident-Fellow Member Trustee-Elect and subsequently as Resident-Fellow Member Trustee as a part of training.

Signed: ______________________________________

Name

__________________________________

Title

Please send this form with the above named resident’s contact and demographic information, c.v., and personal statement to:

Chairperson, APA Nominating Committee, 1000 Wilson Blvd., #1825, Arlington, VA 22209-3901
APPENDIX F-5: NOMINATING PROCEDURES FOR ECP TRUSTEE-AT-LARGE CANDIDATES

(Approved July 1999; Revised July 2000, October 2001; October 2003)

In the 2000 election, Bylaws changes were approved to convert one of the three Trustee-at-Large positions to an Early Career Psychiatrist Trustee, nominated by procedures established by the Board of Trustees. On recommendation of the Bylaws Committee, only ECP members were nominated for Trustee-at-Large in the 2000 election, although the position at that time was not officially designated as the ECP Trustee-at-Large. The first official nomination and election of the designated ECP Trustee-at-Large position took place in the 2003 election. Future such elections will occur every three years, 2006, 2009, etc.

1. The ECP Nominating Subcommittee consists of 3 members including the current chair of the ECP committee (the two co-Chairs during the transition year of integrating the two committees), as well as the eligible immediate past chair of the ECP committee. If the immediate past chair is not eligible as defined below, then the option to sit moves to the next most recent past chair who is eligible as defined below. The third member is the current ECP trustee-at-large. The current ECP trustee-at-large will serve as chair of the ECP Nominating Subcommittee.

2. "Eligible past chair" is defined as a prior chair of the respective committee who still meets the definition of ECP at the time of the national Nominating Committee meeting. No exception to the requirement that ECP Nominating Subcommittee members must be ECPs is allowed.

3. Should there not be an eligible and willing past chair as defined here to fill the positions, the ECP Committee will provide another member to fill the position.

4. All nominees must meet the ECP definition at the time of application and for the entire period of their term. ECPs are those members in the first seven years after becoming eligible to be a General Member; eligibility begins upon completion of training.

5. The Nominating Subcommittee will recommend at least two ECPs and one alternate to the national Nominating Committee to consider for placement on the ballot, with the alternate to be considered only if one of the two recommended nominees declines nomination.

6. Any petition candidate must meet the same eligibility criteria as above. Signatures of 400 voting members are required to nominate an ECP Trustee candidate by petition; petitions must be filed with the Secretary by October 15 (Bylaws 3.2)
APPENDIX F: NOMINATING PROCEDURES FOR M/UR TRUSTEE CANDIDATES

(Approved December 2010)

1. There shall be a vetting panel for each M/UR Caucus, appointed by the Caucus Rep and consisting of three of its members who are not currently caucus officers or seeking APA office.
2. Each vetting panel shall determine its own method of selecting the final candidate from the caucus.
3. A new vetting panel will be established for every APA-wide election.
4. Psychiatric News, APA Headlines, M/UR Caucus e-mail lists, and other appropriate APA media shall issue calls for nominations.
5. Submissions shall be sent to the staff assigned to the National Nominating Committee no later than June 15th. That staff shall compile a packet of all proposed names (caucus-specific) and distribute the appropriate parts of it to the respective caucus vetting panels no later than July 15th. APA members should submit names to the staff of the National Nominating Committee (not directly to the M/UR Committee or to the caucuses, or to the vetting panels, so that the process can be appropriately organized and the names sent to the correct committees) at election@psych.org. Only caucus vetting panels can submit candidates to the M/UR Committee, which may not entertain proposals coming directly from sources other than a caucus vetting panel, e.g. from individuals.
6. The application for the person under consideration should include a bio sketch of no more than 300 words, a CV, and a completed Disclosure of Interest and Affiliation form.
7. All candidates must belong to their respective caucuses, i.e., in the database, by June 15th. Each Caucus vetting committee shall submit the name of no more than one candidate to the M/UR Committee no later than August 15th. The M/UR Committee shall then narrow the list of no more than 7 possible candidates down to no more than two candidates plus one alternate, in case either of the first two candidates declined to be named. The M/UR Committee shall then forward these suggestions to the APA Nominating Committee no later than September 15th, so that the APA Nominating Committee can submit its slate of nominees to the Board of Trustees by November 1st.

MUR TRUSTEE NOMINATION DEADLINES

June 15: Deadline for MUR Trustee nominations from membership
- Staff follows up with nominees to ensure the following criteria is met:
  - Nominee is an active APA member
  - Nominee is a Member of a Caucus
  - Submit 300 word bio sketch (July 1 deadline)
  - Submit CV (July 1 deadline)
  - Submit a Disclosure of Interest & Affiliations Form (July 1 deadline)

July 15: Packet of Nominations distributed to seven caucus vetting panels (by respective caucus)
- Vetting panels review nominations and each submit one nominee to the MUR Committee

August 15: Deadline for vetting panels to submit nominations to the MUR Committee
- MUR Committee reviews nominations and suggests two candidates and one alternate

September 15: Deadline for M/UR Committee to submit M/UR Trustee candidates to the Nominating Committee

November 1: Nominating Committee announces slate of candidates including M/UR Trustee candidates
APPENDIX F-7: GUIDELINES FOR PETITIONS

(Petitions for Nomination and Petitions for Referenda)

Petitions for Nomination of Candidates

APA Bylaws:

Section 3.2 Nominating Procedures. All nominees must be voting members in good standing. Area Trustees are elected by a simple majority of the votes cast by voting members for such positions. The Nominating Committee shall report its nominations to the Board by November 1 for immediate dissemination to the members. Nominating petitions must be filed with the Secretary by November 15 for the nominee to be included on the ballot for the following year. Campaign materials for publication in Psychiatric News are due by this deadline from all candidates.

Section 3.3 Area Trustees. Candidates for Area Trustee shall be nominated either (a) by procedures established by the Assembly; or (b) by a petition signed by 100 or more members of the relevant Area who are eligible to vote. Nominating petitions and campaign materials must be submitted in accordance with the procedures set forth in Section 3.2. Area Trustees are eligible for election to two three-year terms. Following two full terms, Area Trustees become eligible for election again only after an interval of three years.

Section 3.4 Trustee-at-Large. Candidates for Trustee-at-Large shall be nominated either (a) by the Nominating Committee, which shall nominate at least two candidates for each position to be filled; or (b) by a petition signed by 400 or more members eligible to vote. Nominating petitions and campaign materials must be submitted in accordance with the procedures set forth in Section 3.2. The Trustee-at-Large is eligible to two two-year terms.

Section 3.5 Early Career Psychiatrist Trustee. Candidates for Early Career Psychiatrist Trustee must be Early Career Psychiatrists and shall be nominated either (a) by the Nominating Committee, which shall nominate at least two candidates for each position due to be filled; or (b) by a petition signed by 400 or more members eligible to vote. Nominating petitions and campaign materials must be submitted in accordance with the procedures set forth in Section 3.2. The Early Career Psychiatrist Trustee is eligible for election to one three-year term.

Section 3.6 Minority/Underrepresented Representative Trustee. Candidates for Minority/Underrepresented Trustee must belong to their respective caucus by June 15 and shall be nominated by caucus vetting panels. Each vetting panel shall submit no more than one candidate to the Assembly Committee of Representatives of Minority/Underrepresented Groups. The Assembly Committee of Representatives of Minority/Underrepresented Groups shall submit two candidates and one alternate to the Nominating Committee by September 15. The Minority/Underrepresented Representative Trustee is eligible to two, two-year terms.

Section 3.7 Resident-Fellow Member Trustee. Candidates for Resident-Fellow Member Trustee and Resident-Fellow Member Trustee-Elect must be Resident-Fellow Members and shall be nominated either (a) by the Nominating Committee; or (b) by a petition signed by 100 or more Resident-Fellow Members. Nominating petitions and campaign materials must be submitted in accordance with the procedures set forth in Section 3.2. The Resident-Fellow Member Trustee is elected for a one-year term. The Resident-Fellow Member Trustee-Elect shall automatically advance to the position of Resident-Fellow Member Trustee at the end of a year. The Resident-Fellow Member Trustee may not be elected to more than one term as such.

Section 4.7 Nomination and Election. Candidates for officers shall be nominated either (a) by the Nominating Committee; or (b) by a petition signed by 400 or more members eligible to vote. Nominating petitions and campaign materials must be submitted in accordance with the procedures set forth in Section 3.2. Officers are elected by a simple majority of the votes cast by voting members for each office.

Procedures

Please notify the Senior Projects Manager in the Governance Office at APA Central Office if you wish to be nominated by petition. There are no rules regarding the format of petitions, but a few guidelines will apply to all petitions:

1. The signatures must be from APA voting members, those in membership categories Resident-Fellow Member, General Member, Fellow, Distinguished Fellow, Life Member, Life Fellow, and Distinguished Life Fellow.
2. Since petitions are sometimes signed by people who are not voting members or who are not even members, and sometimes signed more than once by the same person, it is best to collect more than the number of signatures required.
3. Staff will verify that the signatures are from voting members. Illegible signatures that cannot be verified will not count toward the total. Ask people to print as well as sign their names, as shown below:

| Please print name in this column | Please sign name in this column | APA Member ID (if known) |

We the undersigned nominate (name), M.D., for the office of (office) in the (year) election:
4. Petitions must be received at APA Central Office on or before November 15 to be included on the ballot for the following year. They can be sent to the Senior Projects Manager at 1000 Wilson Blvd., #1825, Arlington, VA 22209-3901, or faxed to 703-997-1292. The petitioner or his/her designee should collect them, count them, and submit them all at one time.

5. As an alternate format for paper signature submission, an online/electronic petition signature submission system is available at: https://www.ipetitions.com/start-petition. This procedure is approved by the Board of Trustees.

6. Signatures are valid only for the election immediately following their collection. If there are not enough signatures to put the member on the ballot in that election, or if the member is not elected, the signatures cannot be carried over to the following year; new signatures must be collected and submitted.

7. Initial campaign materials (photo, candidate website URL, etc.) are due by November 15 also. Other campaign materials (bios, statements, etc.) will be requested afterwards.

8. Election Guidelines (Appendix F-2.A.) state: “Members soliciting letters of nomination or circulating petitions to be nominated may not use the nomination process for campaign/electioneering purposes beyond asking for nomination letters or signatures on petitions.”

9. Each potential candidate must submit his or her own petition with the required number of APA member signatures.

Please contact the Senior Projects Manager (703-907-8527 or e-mail election@psych.org) with questions or concerns.
Petitions for Referenda

The procedure for initiating referenda is described in Chapter 8.4 of the bylaws (quoted below).

Chapter Eight. Voting by Members

Section 8.4 Member Referendum. The voting members may initiate referenda or change an action of the Board by submitting a petition signed by at least 500 voting members to the Secretary by October 15 to be voted on in the next annual ballot. Additional procedural requirements for the petition are contained in the Operations Manual of the Association. The adoption of a referendum shall require (a) valid ballots from at least 40 percent of the voting members, (b) the affirmative vote of at least one-third of all the voting members of the Association, and (c) the affirmative vote of a majority of those members who return a valid ballot. A referendum overturning an action of the Board shall be binding, except that the action may be reinstated by a two-thirds affirmative vote of the members of the Board eligible to vote and by a two-thirds affirmative vote of the members of the Assembly Executive Committee eligible to vote. A Board action to reinstate may be taken only at a regularly scheduled meeting occurring no sooner than one month after the meeting at which the referendum was certified. Certified referenda other than those overturning an action of the Board must be acted on by the Board with all deliberate speed.

Procedures

There are no rules regarding the format of petitions, but a few guidelines are suggested:

1. The signatures must be from APA voting members, those in membership categories Resident-Fellow Member, General Member, Fellow, Distinguished Fellow, Life Member, Life Fellow and Distinguished Life Fellow.

2. Since petitions are sometimes signed by people who are not voting members or who are not even members, and sometimes signed more than once by the same person, it is best to collect more than the number of signatures required.

3. Staff will verify that the signatures are from voting members. Illegible signatures that cannot be verified will not count toward the total. Ask people to print as well as sign their names, as shown below:

We the undersigned petition the Board of Trustees to ____________________________

Please print name in this column Please sign name in this column

4. Petitions must be received at APA Central Office on or before October 15 to be included on the ballot for the following year. They can be sent to the Secretary in care of the Senior Projects Manager, Governance Office, APA, 1000 Wilson Blvd., #1825, Arlington, VA 22209-3901 or faxed to 703-907-7852. The petitioner(s) should collect them, count them, and submit them all at one time.

5. Signatures are valid only for the year initially submitted. If there are not enough signatures to put the issue on the ballot in the next election, or if the referendum is on the ballot but fails to pass, the signatures cannot be carried over to the following year. New signatures must be collected. The same people could sign, but they would have to sign a new petition.

6. If the petition is valid, the petitioners must submit a statement, limited to 150 words. The petitioners’ statement, setting forth the reasons for the action, following consultation with the President, Speaker, Medical Director, and legal counsel (including fiscal advice), and a statement (150 words) from the Board are printed on the ballot or accompanying materials.

7. To pass, a referendum requires valid ballots from at least 40% of the voting members, the affirmative vote of at least one-third of all the voting members of the Association, and the affirmative vote of a majority of those members who return a valid ballot. For example, if there are 38,500 voting members, at least 15,400 (40% of total eligible to vote) must cast a vote on the referendum, either pro or con. 12,834 (one third of total eligible to vote) must vote in favor. The qualifier “affirmative vote of a majority” is necessary because, theoretically, if everyone voted, one-third could vote in favor but two-thirds could vote opposed, and the referendum would still pass. However, the likelihood of everyone voting is remote.

8. If the referendum passes, Board’s action could be reinstated by a 2/3 affirmative vote of the members of the Board eligible to vote and by a 2/3 vote of the Assembly Executive Committee, but such actions may be taken only at a regularly scheduled meeting no sooner than one month after the meeting at which the referendum is certified.

Please contact the Senior Projects Manager (703-907-8527 or e-mail election@psych.org) with questions or concerns.
**Procedure concerning Referenda that reach a minimum designated percentage of affirmative members votes**

If this percentage (lower than the APA Bylaws minimums) was reached, the Board Chair (APA President) would be instructed to place the item on the next Board agenda for appropriate discussion by the Board of Trustees. If the Board supports this option, the following actions should also take place:

- Information concerning the referendum would be contained within the Tellers Report to the Board of Trustees so members may easily access the information.
- The CEO/Medical Director and the Chief of Communications and Public Affairs will address the member communication process.
- The General Counsel will provide an additional legal advice.
APPENDIX G: AWARDS AND FELLOWSHIPS

Note: Please see Appendix W-5, “Policy for the Administration of Awards,” of this manual, and the Timeline for Approval of All Awards and Award Review Form included in that appendix.

AWARDS OF THE AMERICAN PSYCHIATRIC ASSOCIATION
Approved by the APA Board of Trustees

<table>
<thead>
<tr>
<th>Award Description</th>
<th>Award Recipient</th>
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<tbody>
<tr>
<td>Adolf Meyer Award Lecture</td>
<td>APA Mentors of the Year Award</td>
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<tr>
<td>APA Mentors of the Year Award</td>
<td>Award for Patient Advocacy</td>
</tr>
<tr>
<td>Award for Patient Advocacy</td>
<td>Benjamin Rush Lectureship</td>
</tr>
<tr>
<td>Bruno Lima Award in Disaster Psychiatry</td>
<td>Carol Davis Ethics Award</td>
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<tr>
<td>Carol Davis Ethics Award</td>
<td>Chester M Pierce Human Rights Award</td>
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<tr>
<td>Chester M Pierce Human Rights Award</td>
<td>Distinguished Service Award</td>
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<tr>
<td>District Branch Best Practice Award</td>
<td>Irma Bland Award for Excellence in Teaching Residents</td>
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<tr>
<td>Irma Bland Award for Excellence in Teaching Residents</td>
<td>Jack Weinberg Memorial Award for Geriatric Psychiatry</td>
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<tr>
<td>Jack Weinberg Memorial Award for Geriatric Psychiatry</td>
<td>Jacob Javits Award for Public Service</td>
</tr>
<tr>
<td>Member Communications Award</td>
<td>Nancy C.A. Roeske Certificate of Recognition for Excellence in Medical Student Education</td>
</tr>
<tr>
<td>Nancy C.A. Roeske Certificate of Recognition for Excellence in Medical Student Education</td>
<td>Presidential Commendations</td>
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<td>Presidential Commendations</td>
<td>Psychiatric Services Achievement Awards</td>
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<tr>
<td>Vestermark Psychiatry Educator Award</td>
<td>William C. Menninger Memorial Convocation Lecture</td>
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<td>William C. Menninger Memorial Convocation Lecture</td>
<td>APA Resident Recognition Award</td>
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APA Assembly Awards
Approved by the Assembly

<table>
<thead>
<tr>
<th>Assembly Award for Excellence in Service and Advocacy</th>
<th>Assembly Profile of Courage Award</th>
</tr>
</thead>
<tbody>
<tr>
<td>Warren Williams Assembly Speakers Award</td>
<td>William W. &quot;Bill&quot; Richards Rural Psychiatry Award</td>
</tr>
<tr>
<td>Assembly Resident-Fellow Member (RFM) Mentor Award</td>
<td>Ronald A. Shellow Award</td>
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<td></td>
<td>William Sorum Assembly Resident-Fellow Member Award</td>
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</tbody>
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AWARDS and FELLOWSHIPS OF THE AMERICAN PSYCHIATRIC ASSOCIATION FOUNDATION
Approved by the APAF Board of Directors

<table>
<thead>
<tr>
<th>Award Description</th>
<th>Award Recipient</th>
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</thead>
<tbody>
<tr>
<td>Administrative Psychiatry Award</td>
<td>Agnes Purcell McGavin Award for Distinguished Career Achievement in Child and Adolescent Psychiatry</td>
</tr>
<tr>
<td>Agnes Purcell McGavin Award for Distinguished Career Achievement in Child and Adolescent Psychiatry</td>
<td>Agnes Purcell McGavin Award for Prevention</td>
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<td>Alexander Gralnick, MD Award for Research in Schizophrenia</td>
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<td>Alexandra Symonds Award</td>
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<td>APA/AACDP/Research Mentorship Award</td>
<td>Awards for Advancing Minority Mental Health</td>
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<td>George Tarjan Award</td>
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<td>Helping Hands Grant Program</td>
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<td>Kempf Award for Research Development in Psychobiological Psychiatry</td>
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<td>Isaac Ray Award</td>
<td>Jeanne Spurlock Minority Fellowship Achievement Award</td>
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<td>Solomon Carter Fuller Award</td>
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APPENDIX G: AWARDS AND FELLOWSHIPS 69
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<th>Fellowship of the American Psychiatric Association Foundation</th>
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<tr>
<td><strong>American Psychiatric Association Foundation Leadership (APL) Fellowship</strong></td>
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<td><strong>SAMHSA Minority Fellowship</strong></td>
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<p>| 1. Administrative Psychiatry Award | Established: 1983. Award honors nationally recognized clinician executive, whose effectiveness as an administrator of major mental health program has expanded the body of knowledge concerning management of the mental health services delivery systems, and whose effectiveness has made it possible for him/her to function as a role model for other psychiatrists. Honorarium: $500 and a plaque, presented at the APA Annual Meeting. Winner may be asked to present lecture at the Annual Meeting. Eligibility: Nominee must be APA member. Submissions: Letters of nomination and CV Deadline: June 1 Component: Selection Committee under the American Psychiatric Association Foundation Funding: The American Association of Psychiatric Administrators provides the honorarium and funding for the plaque. |
| 2. Adolf Meyer Award Lecture | Established: 1957. This lectureship series at the Annual Meeting is intended to advance psychiatric research by enabling psychiatrists to hear from leading scientists and to exchange new research information with outstanding colleagues. The awardee is nationally or internationally recognized as a leading scientist in an area of psychiatric research. Recipient is nominated by the APA President and Chair, Scientific Program Committee for the annual meeting or IPS meeting. Honorarium: $3,000 and a plaque; Lecture – rotates every third year from annual meeting to the IPS. Eligibility: Researchers in the U.S. and abroad. Submissions: Forms are completed and submitted to BOT by the staff liaison to the Scientific Program Committee for the BOT meeting following the deadline. Deadline: June 1. Component: Scientific Program Committee for the annual meeting or IPS meeting. |
| 3. Agnes Purcell McGavin Awards | Established: 1964. In 1999, it was divided into two awards: (1) Agnes Purcell McGavin Award for Prevention: Eligibility: A child &amp; adolescent psychiatrist who has conducted research or programs whose chief goal is primary prevention. An APA member must make the nomination. The research or programs the nominee has been responsible for which have shown their effects in primary prevention among children are the chief standard for this award. She/he is often an acknowledged leader in work on programs of preventing mental illnesses from developing in one or more segments of the child and adolescent population. (2) Agnes Purcell McGavin Award for Distinguished Career Achievement in Child &amp; Adolescent Psychiatry: Eligibility: A child &amp; adolescent psychiatrist whose career has been characterized by outstanding contributions to the advancement of child &amp; adolescent psychiatry through teaching, research, writing, clinical care, advocacy, &amp; policy development for children &amp; adolescents. APA member must make the nomination. Entire career of nominee will be considered and should include teaching, program development, clinical care, research, and writing. This award recognizes a career of contributions to child &amp; adolescent psychiatry. Honorarium: $1,500 for each award and certificate. Deadline: June 1. Component: Selection Committee under the American Psychiatric Association Foundation. (The members of the committee are ineligible for the award for five years beginning with the first year on the committee.) Funding: Bequest from the estate of Dr. Agnes Purcell McGavin. |
| 4. Alexander Gralnick, M.D. Award for Research in Schizophrenia | Established: 1996. This award acknowledges research achievements in the treatment of schizophrenia, emphasizing early diagnosis and treatment and/or psychosocial aspects of the disease process. Additional preference is given to researchers working in a psychiatric facility. Awardee must have an established body of relevant work, but special emphasis is placed on current research. Honorarium: $43,000 Submissions: A one-page statement summarizing career accomplishments relevant to award criteria emphasizing its internal consistency and scientific implications; statement summarizing recent research; one manuscript, unpublished, in press, or published in 1994 or later, which best illustrates current research contributions; and up-to-date c.v. and bibliography. Deadline: June 1. Component: Selection Committee under the American Psychiatric Association Foundation. Funding: The Gralnick Foundation in memory of Dr. Alexander Gralnick’s work and interest in the field of schizophrenia. |</p>
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<th><strong>5. Alexandra Symonds Award</strong></th>
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<td><strong>Established:</strong> 1997. Award was established in memory of Alexandra Symonds, M.D., to acknowledge women psychiatrists' outstanding contributions and leadership in promoting women’s health and the advancement of women. <strong>Honorarium:</strong> $500 and a plaque. The recipient is expected to give a lecture at the APA Annual Meeting or IPS. <strong>Eligibility:</strong> Woman member of APA who has demonstrated sustained, high-level contributions and significant leadership in advancing women’s health. <strong>Deadline:</strong> June 1. <strong>Component:</strong> Selection Committee under the American Psychiatric Association Foundation. <strong>Funding:</strong> Initial funding provided through a $50,000 unrestricted educational grant from Wyeth Pharmaceutical Laboratories directly to the Association of Women Psychiatrists, the awards co-sponsor.</td>
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<th><strong>6. American Psychiatric Association Foundation Leadership (APL) Fellowship</strong></th>
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<td><strong>Purpose:</strong> To provide residents with leadership training, mentoring, and exposure to organized psychiatry through participation on an APA Council and in the APA Annual Meeting. The award committee reviews applications, ranks applicants, and discusses and selects finalists by conference call. <strong>Eligibility:</strong> Residents in their 2nd year of training. <strong>Announcement:</strong> Various, including <em>Psychiatric News</em>, AADPRT listserv. <strong>Submissions:</strong> Training Director’s recommendation letter, applicant’s CV and personal essay. <strong>Deadline:</strong> January 30 <strong>Honorarium:</strong> Travel support and recognition. <strong>Component:</strong> Selection Committee under the American Psychiatric Association Foundation</td>
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7. APA Mentors of the Year Award

Established: 2013. Background: Mentorship is one of the most important determinants of a successful career in medicine. In recognition of the value the APA places on mentorship, the APA Mentors of Year Award will be created to reward outstanding mentors in the psychiatric community. Superb mentors from any of the subspecialty branches of psychiatry and various work/specialized settings are eligible for this award. It is anticipated that awardees will have had a sustained career commitment to mentoring, a significant positive impact on their mentees' careers, fostered the careers of students and colleagues and through their mentees have advanced research and patient care in the field of psychiatry. This award is based on the quality of the nomination letters from mentees including residents and early career psychiatrists, not the mentor's personal career achievements. For the purpose of this award, mentoring is defined as the process of guiding, supporting, and promoting the training and career development of others. The key roles of a mentor include, but are not limited to providing: Intellectual growth and development, Career development, Professional guidance, Advocacy, and Positive role modeling. One “Mentor of the Year” winner will be selected in each of these mentorship categories: Academic Educator, Administration and Leadership, and Clinical Practice. The winners will be invited to present a symposium at the Annual Meeting on mentorship. The AACDP and the APA Council on Research give a Mentorship Award presented annually during the Research Colloquium Breakfast at the Annual Meeting. The winner of this award will be included as a symposium presenter along with the other “Mentor of the Year” winners. The generalities of this award have been presented to the AADPRT Executive Council in March 2013. Eligibility: Nominees must APA members. Nominators must be a current or former mentees of the nominee, and/or colleagues who have personal knowledge of the nominee’s mentoring efforts. At least one letter from a direct mentee whose has directly benefitted from the nominee’s mentoring. Mentors should be actively involved in research, teaching, mentoring, or other leadership activities. Mentors should have devoted significant time to multiple mentees over time. Selection Criteria: Commitment and extraordinary effort to mentorship may be demonstrated by: the number and diversity of students/residents/early career psychiatrist mentored; assisting students/residents/early career psychiatrist to present and publish their work, to find financial aid, and to provide career guidance; providing psychological support, encouragement, and essential strategies for life in the scholarly community; continued interest in the individual’s professional advancement; offer sound counsel and valuable information to their mentees in order to advance and develop the mentee’s own path to academic and professional success; generously share their valuable time and expertise in critiquing the mentee’s work; help to create a vital and engaged academic community in their university; involve peers and students in publications, grants and conferences, as well as readily sharing knowledge of such opportunities; make others aware of the contributions and value of their mentees; and serve as role models for their colleagues by maintaining high standards for excellence within their own discipline and at the level. Submissions: Nomination packets should include: Nomination letter/s (6 is the maximum). Nominations should describe the nominee’s mentoring process as well as the impact of the mentor’s influence on the careers of residents and/or colleagues. At least one of the mentees who submit a letter of support must be an APA member. CV of the nominee. Residents and early career psychiatrists are eligible to nominate any mentor on any of the above categories. Funding: Council on Medical Education and Lifelong Learning. Selection process: Each spring, a call for nominations would be sent to all departments of psychiatry. Any resident or early career psychiatrist can nominate a mentor. These would be sent to the Office of Graduate and Undergraduate Education at the APA for processing. By summer, the winners will be selected and approved by the Board of Trustees and the winners will be officially notified. These winners will be invited to present a symposium at next year's Annual Meeting. Presentation of the award certificates would be beginning of the symposium (APA meeting in May of that academic year.)
### APA Public Psychiatry Fellowship

**Purpose:** The purposes of the APA Public Psychiatry Fellowship are (1) to heighten the awareness of psychiatric residents of the many activities of psychiatry in the public sector and of the career opportunities in this area and (2) to provide experiences that will contribute to the professional development of those residents who will play leadership roles within the public sector in future years. The APA Public Psychiatry Fellowship program provides support for outstanding residents in psychiatry to participate in APA components and attend the APA Institute on Psychiatric Services (IPS). During the IPS, special functions are held to recognize and honor current fellowship recipients, and activities are scheduled to augment and enrich the educational opportunities of this meeting. During the fellowship term, the Fellows are given the opportunity to plan and present a series of workshops to be presented at the next IPS. **Eligibility:** Psychiatry residents must be in training during the fellowship (2 years), APA membership is required. **Announcement:** Psychiatric News. **Submissions:** Application form, letter of support and nomination letter from residency training director and statement from nominee on their interest and achievements in public/community mental health. **Deadline:** January 30. **Funding:** Honorarium: Travel stipend and plaque; The fellowship encourages all fellows to attend the APA Annual Meeting; however, no fellowship funding is provided for this purpose. **Component:** Selection Committee under the American Psychiatric Association Foundation

### APA/AACDP Research Mentorship Award

**Established:** 2005. This award recognizes an academic psychiatrist who has in some innovative or traditional, but significant, manner fostered or enabled research career paths for medical students, residents, fellows, or early career psychiatrists. The contribution may be through direct mentorship of individuals or by the promotion of research-oriented training activities within a department, residency program, or across programs at a national level. **Eligibility:** Nominees must be APA members. Nominations are sought from chairs of departments of psychiatry; only one nomination from any department will be considered. **Submissions:** 1) a nomination letter describing the contribution(s) of the candidate 2) a representative list of mentees or other beneficiaries of a specific research training contribution fostered by the candidate; 3) the candidate’s curriculum vitae. **Honorarium:** $1,500 and an inscribed plaque recognizing contributions of the awardee. **Deadline:** June 1. **Funding:** American Association of Chairs of Departments of Psychiatry and the APAF Component: Selection Committee of the American Psychiatric Association Foundation

### APA Resident Recognition Award

**Established:** 2011. Presented annually to one psychiatric resident (general resident or fellow) per institution from every residency training program in the US and Canada who exemplify one or more of the following APA values: 1) compassion to patients and/or colleagues and workplace; 2) leadership; 3) community service; 4) political action/advocacy. **Honorarium:** Certificate presented at institutions’ departmental graduations or similarly appropriate event. **Submissions:** Institutions’ departments select one resident or fellow to receive the award. **Deadline:** June 1. **Component/Funding:** Division of Education.

### Assembly Award for Excellence in Service and Advocacy

**Purpose:** The Assembly Award for Excellence in Service and Advocacy was established by the Assembly in 2011. This award is given to recognize activities by women that promote mental health and reduce stigma related to psychiatric illness, particularly on behalf of women and members of disadvantaged population groups. **Eligibility:** The award will rotate among the seven Assembly Areas and given at the May meeting of the Assembly. **Selection:** The nominations shall be evaluate and awarded by the Women’s Caucus Representative, Deputy Representative, President, Vice President and a female representative selected by the Area Council from the Area to receive the award in that specific year. The Assembly Executive Committee will ratify the selection. **Funding:** Certificate funded through the Assembly budget. **Deadline:** March 1.
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<th>12. Assembly Resident-Fellow Member (RFM) Mentor Award</th>
<th><strong>Purpose:</strong> The Resident-Fellow Member (RFM) Mentor Award was established by the Assembly in 2011. This award is given to those APA members who mentor future psychiatrists and APA members and leaders. <strong>Eligibility:</strong> The award, solicited by APA RFMs, is given to an APA member who advocates for and mentors RFMs. The award is selected per Area and given out on a yearly basis during the Assembly Luncheon at the APA Annual Meeting. <strong>Selection:</strong> The nomination should include a short description of the APA member’s level of involvement, role, activity and relationship with RFMs. The nominations are evaluated and awarded by the Assembly Committee of RFMs and presented at the APA Annual Meeting. <strong>Funding:</strong> Certificate funded through the Assembly budget. <strong>Deadline:</strong> March 1</th>
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<td>13. Assembly Profile of Courage Award</td>
<td><strong>Established:</strong> The award was established in 1996 to formally recognize an APA member who has taken, at risk to her or his professional and personal status, an ethical stand against intimidating pressure for the good of patient care and in keeping with APA’s <em>Principles of Medical Ethics with Annotations Especially Applicable to Psychiatry</em>. <strong>Eligibility:</strong> Criteria for the award: (a) the awardee must be an APA member in good standing; (b) the awardee did an exceptionally meritorious service on behalf of a patient, a patient group, patient care, or an ethical principle of the APA; (c) the deed involved some personal risk (reputation, financial) and/or safety; (d) the actions performed are worthy of consideration and recognition by the membership; and (e) the actions should serve as an example to the membership of commendable ethical behavior worthy of emulation. <strong>Honorarium:</strong> A crystal object on a stand with a brass engraving. <strong>Component</strong> APA Assembly. <strong>Funding:</strong> This award is funded through donations from members. <strong>Deadline:</strong> March 1</td>
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<td>14. Awards for Advancing Minority Mental Health</td>
<td><strong>Purpose:</strong> To recognize and appreciate those mental health professionals and/or groups who are work to reduce the disparity in their mental health. To address the disparity in minority mental illness. <strong>Announcement:</strong> Website, news headlines (Psychiatric News, Psychiatric New Update) <strong>Submissions:</strong> Application and Nomination <strong>Eligibility:</strong> Mental Health programs that have addressed the disparities in minorities represented in high risk groups for mental illness <strong>Deadline:</strong> January 20. <strong>Component:</strong> Selection Committee under the American Psychiatric Association Foundation <strong>Honorarium:</strong> $5,000 and plaque <strong>Funding:</strong> Otsuka America Pharmaceutical, Inc.</td>
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<td>15. Award for Patient Advocacy</td>
<td><strong>Established:</strong> 1987. Award recognizes a public figure respected for personal accomplishments and beliefs, who has promoted the improvement of services for people coping with mental disorders and substance abuse, and who has fought stigma by speaking out about experiences with mental illness and psychiatric treatment. Selection is made by the Annual Meeting Scientific Program Committee in consultation with the Committee on Public Affairs. <strong>Honorarium:</strong> $2,000 and a plaque. A lecture may be presented during the Annual Meeting. <strong>Component:</strong> Annual Meeting Scientific Program Committee under Council on Medical Education and Lifelong Learning. <strong>Funding:</strong> Scientific Program Committee. <strong>Deadline:</strong> June 1.</td>
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<td>16. Award for Research</td>
<td><strong>Established:</strong> 1976. (formerly Foundation’s Fund Prize for Research in Psychiatry) This award recognizes a body of work or a lifetime contribution that has had major impact on the field and/or altered the practice of psychiatry. <strong>Honorarium:</strong> $5,000 and a plaque presented at a lecture. <strong>Eligibility:</strong> U.S. or Canadian citizen nominated by a sponsor who is an APA member. <strong>Submissions:</strong> Seven collated sets of each of the following: 1) CV, 2) bibliography, 3) a book, paper, or group of representative and thematically-linked books or papers, published or accepted for publication in English within the 10 years prior to the submission deadline, and 4) a summary statement written by the nominee emphasizing the principal theme running through the work, its internal cohesiveness and consistency, and scientific implications. <strong>Deadline:</strong> June 1. <strong>Component:</strong> Selection Committee under the American Psychiatric Association Foundation. <strong>Funding:</strong> Grant from Foundations’ Fund for Research in Psychiatry; additional funds from Dr. Albert J. Stunkard. (Funds transferred to American Psychiatric Association Foundation, 1995). Since original funds expired, the award is funded in the APAF budget.</td>
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<td>Award Name</td>
<td>Purpose</td>
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<td>17. Berson Award</td>
<td>Annual award to an APA Senior Psychiatrist member who was also either a Life Member or Life Fellow of the American Psychiatric Association who had made a &quot;significant contribution to Psychiatry.&quot; Initially Dr. Berson gave the grant to the American Psychiatric Association Foundation.</td>
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<td>18. Benjamin Rush Award</td>
<td>This lecture at the APA Annual Meeting focuses on a broad theme related to the history of psychiatry. It is given to a person who has achieved renown for his/her contribution to the history of psychiatry from that field or other fields such as medical history, anthropology, sociology, etc.</td>
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<td>19. Blanche F. Ittleson Award for Research in Child Psychiatry</td>
<td>This award honors the late Blanche F. Ittleson, a long-time friend to all of the mental health fields and a dedicated supporter of the well-being of children. The award is given annually to an individual child psychiatrist or group of investigators for the published results of research pertaining to the mental health of children.</td>
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<td>20. Bruno Lima Award for Excellence in Disaster Psychiatry</td>
<td>Recognizes outstanding contributions of district branch members to the care and understanding of the victims of disasters. Contributions include designing disaster response plans, providing direct service delivery in time of disaster, or in disaster consultation, education, and/or research.</td>
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<td>21. Carol Davis Ethics Award</td>
<td>Named for a former APA employee to honor her 30 years of service to the APA and the Ethics Committee, this award is intended to promote the educational role of the ethics process. It is given to an APA Member who has authored an outstanding publication on ethics.</td>
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### Chester M. Pierce Human Rights Award

**Established:** 1990. This award recognizes extraordinary efforts to promote human rights of populations with mental health needs. The award was renamed in 2017 in honor of Chester M. Pierce. **Honorarium:** Plaque. **Eligibility:** Eligible recipients include individuals, organizations, and programs, or some combination of these. **Nomination:** Although recipients need not be APA members, the primary nomination letter must be submitted by an APA member. The primary nomination letter should succinctly describe the contributions that are the basis for the nomination and be accompanied by the nominee’s curriculum vitae. And additional letter of support must be included. **Deadline:** June 1. **Component:** Council on International Psychiatry. **Funding:** Council on International Psychiatry.

### Child & Adolescent Psychiatry Fellowship

**Purpose:** To acquaint interested residents with the field of child and adolescent psychiatry through their exposure to scientific sessions at the Annual Meeting and through mentoring by a senior child and adolescent psychiatrist. **Announcement:** Call for applications are circulated in multiple APA communication outlets, including Psychiatric News and in news and information outlets of related scientific associations. **Submissions:** Training Director’s recommendation letter, applicant’s CV and personal essay. The award selection workgroup reviews applications, ranks applicants, and discusses and selects finalists by conference call. **Deadline:** January 30 **Eligibility:** Residents **Component:** Selection Committee under the American Psychiatric Association Foundation. **Honorarium:** Travel Support.

### Distinguished Service Award

**Established:** 1964. These awards were established to honor individuals and/or organizations that have contributed exceptional meritorious service to American psychiatry. They may be given annually. **Eligibility:** The individual award can be divided into two separate awards: (1) one for contributions to the APA, given only to APA General Members, Fellows, Distinguished Fellows, Life Members, Life Fellows, or Distinguished Life Fellows who have demonstrated a breadth and scope of contributions over time; (2) one for contributions to the field, given to either members or non-members. The organizational award can be given to any group that has benefited APA, the field of psychiatry, or the mentally ill. **Honorarium:** A plaque, presented at the APA Convocation. **Deadline:** June 1. **Component:** Work group under the Nominating Committee that reports to the Board of Trustees. **Funding:** Nominating Committee.

### District Branch Best Practice Award

**Purpose:** The award is meant to identify strengths that can be effectively adapted by other District Branches. **Submissions:** Each District Branch is encouraged to complete a survey about routine functions that have worked well and innovative programs that have been implemented in the past year. **Deadline:** March 1. **Funding:** The award is not externally funded but supported by the Assembly.

### Diversity Leadership Fellowship

**Purpose:** The Minority Fellowships Program (MFP) is designed to 1) provide recipients with enriching training experiences through participation in the APA September and Annual Meetings, 2) provide recipients with resources to support activities that enhance cult. The award committee reads the applications and holds a conferences call to discuss and select winner. **Eligibility:** Application, up to date CV, References and statement of interest. **Announcement:** Psychiatric News, fellowship listservs, APA meetings. **Submissions:** Application, up to date CV, References and statement of interest. **Funding:** AstraZeneca. **Deadline:** January 30. **Component:** Selection Committee under the American Psychiatric Association Foundation. **Other:** Ten fellowships are available each year for the Diversity Leadership fellows. Diversity Leadership fellows serve for two years. Fellows are selected based on 1) their commitment to serve minorities and the under-served, 2) their demonstrated leadership abilities, and 3) their interest in the interrelationship between mental health/illness and trans-cultural factors. The Minority Fellowships Program provides educational enrichment to psychiatrists-in-training and stimulates their interest in providing quality and effective services in those areas of psychiatry where minority and under-served groups are underrepresented, such as research, teaching, addiction psychiatry, forensic and child psychiatry. It is also designed to (a) involve the resident fellows in the work of the Association through their participation in the APA Annual Meeting and deliberations of APA components and (b) give the Association the perspective of young psychiatrists. There are now two groups of fellows under the Minority Fellowship Program: ASAMHSA Fellows (funded by the Substance Abuse Mental Health Services Administration), and Diversity Leadership Fellows.
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<th>Award Name</th>
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<th>Description</th>
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<td>27. Frank J. Menolascino Award for Psychiatric Services for Persons with Intellectual Developmental Disorders and Developmental Disabilities</td>
<td>1997</td>
<td>This award recognizes an APA member who has made significant contributions to psychiatric services for persons with intellectual developmental disorders/developmental disabilities, through direct clinical services and/or dissemination of knowledge in this field through teaching or research. The award was established in memory of Frank J. Menolascino, M.D., who was an authority on mental health among persons with intellectual development disorders and developmental disabilities. Honorarium: $500 and a plaque. When possible, the award will be associated with an educational event at the annual APA IPS. Submission: 1) a nominating letter from an APA member describing the nominee’s contribution to the field; 2) a curriculum vitae and biographic sketch; 3) two letters of endorsement of the nomination, which may be from non APA members. Deadline: June 1 Component: Selection Committee under the American Psychiatric Association Foundation. Funding: A $20,000 gift from the University of Nebraska.</td>
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<td>28. George Tarjan Award</td>
<td>1992</td>
<td>Established in memory of George Tarjan, M.D., this award recognizes an individual who has made significant contributions to the enhancement of the integration of international medical graduates (IMGs) into American psychiatry. Honorarium: $500 and a plaque. Recipients are requested to present a lecture at either the APA Annual Meeting or IPS. Non-APA members may be reimbursed for their expenses funds permitting. Eligibility: Medical doctors who have contributed significantly to IMG issues. Submissions: Nomination by self or by groups, institutions, or individuals, of individuals in the U.S. who graduated from medical schools abroad or individuals outside the IMG community who contributed significantly to IMG issues, and must include a letter of recommendation and a curriculum vitae. Deadline: June 1 Component: Selection Committee under the American Psychiatric Association Foundation. Funding: In part by AstraZeneca, in part by contributions from IMG members, and in part from Dr. George Tarjan’s presidential fund.</td>
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<td>29. Hartford-Jeste Award for Future Leaders in Geriatric Psychiatry</td>
<td>2012</td>
<td>Established: 2012. The award recognizes an early career geriatric psychiatrist who has made noteworthy contributions to the field of geriatric psychiatry through excellence in research, teaching, clinical practice, and community service, and has demonstrated the potential to develop into a future leader in the field. The honoree must be a psychiatrist who holds a position no higher than Assistant Professor and is no more than 7 Years removed from completion of a geriatric psychiatry fellowship. Submissions: A nomination letter from APA members summarizing the achievements of the nominee, two letters of endorsement, CV and bibliography. Of these letters, at least one letter should come from a geriatric psychiatrist and two letters should come from people outside of the nominee’s institution. Deadline: June 1 Component: Selection Committee under the American Psychiatry Association Foundation Funding: Combined funds from the John A. Hartford Foundation and American Psychiatric Association Foundation</td>
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<td>30. Health Services Research Award</td>
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<td>Purpose: These awards include the Early Career and Senior Scholar Awards. Early Career recognizes the best paper published in the last year by an early career psychiatrist. Senior Scholar Award recognizes sustained research accomplishments in the area of mental health. Announcement: Request for submissions in various venues. Eligibility: Must be APA member. The Early Career Award recognizes the best nominated paper published during the past year by an early career psychiatrist (less than 40 years of age or within 5 years of completion of training). Submissions: While the proposed applicant must be an APA member, the nominating individual need not be a member and may be from any discipline. The nomination letter should succinctly indicate the contributions that are the basis for the nomination, and the nature of the relationship of the nominator and nominee. A CV of the nominee should accompany the letter, along with the nominated paper (for the early career award) and 1-2 papers of greatest significance (for the senior scholar award). Deadline: June 1 Honorarium: Monetary and plaque Component: Selection Committee under the American Psychiatry Association Foundation</td>
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### 31. Helping Hands Grant Program

| Purpose: To encourage medical students to participate in community mental health services activities, particularly those focused on underserved populations. **Announcement:** APA/APAF news and communication vehicles (i.e., Psych News, websites, Psych News Update, Headlines, etc.) **Eligibility:** Medical schools. Medical students in their 2nd and/or 3rd, 4th year of medical school. **Submissions:** Application form, a short narrative, a detailed budget with justification. Applications are evaluated on a subjective chart based on a variety of criteria. **Deadline:** June 1 | **Honorarium:** Grant. **Funding:** Otsuka America Pharmaceutical, Inc. **Component:** Selection Committee under the American Psychiatric Association Foundation. |

### 32. Irma Bland Award for Excellence in Teaching Residents

| Established: 2003. This award recognizes excellence in teachers of residency education. **Honorarium:** Certificates awarded at a ceremony at the APA Annual Meeting in May of the academic year. **Eligibility:** APA members who are faculty psychiatrists, either salaried or voluntary, who teach residents at each training institution. **Submissions:** Each September, a call for nominations is sent to all departments of psychiatry where there are residents. Each department may nominate one salaried and one voluntary faculty member who teach residents. Nominations are sent to the Division of Education. **Deadline:** June 1. **Component:** Council on Medical Education and Lifelong Learning. **Funding:** Council on Medical Education and Lifelong Learning. |

### 33. Isaac Ray Award

| Established: 1951. This award honors Dr. Isaac Ray, one of the original founders and fourth President of the Association. The award is presented every year to a person who has made outstanding contributions to forensic psychiatry or to the psychiatric aspects of jurisprudence. The winner obligates him/herself to deliver a lecture or series of lectures on these subjects and to present the manuscript for publication. Award is cosponsored by American Academy of Psychiatry and the Law (AAPL). **Honorarium:** $1,500 **Submissions:** One copy of CV, primary nominating letter and secondary nominating letter citing accomplishments and contributions in the field. **Deadline:** June 1. **Component:** Selection Committee under the American Psychiatric Association Foundation. **Funding:** Bequest in memory of Margaret Sutermeister by her mother, Bertha Sutermeister and the American Academy of Psychiatry and the Law. |

### 34. Jack Weinberg Memorial Award for Geriatric Psychiatry

| Established: 1983. Established in memory of Jack Weinberg, M.D., this award honors a psychiatrist who has demonstrated special leadership or who has done outstanding work in clinical practice, training, or research into geriatric psychiatry. Candidates for the award must be psychiatrists who are nominated by an APA member. **Honorarium:** $500 and plaque **Submissions:** A nomination letter summarizing the accomplishments of the nominee, Two letters of endorsement from APA members, current CV and bibliography (electronic copies preferred). **Deadline:** June 1. **Component:** Council on Geriatric Psychiatry. **Funding:** From the remainder of Dr. Weinberg's SKF President's Fund. |

### 35. Jacob Javits Public Service Award

| Established: 1986. This award is given annually to recognize contributions to the field of mental health by a public servant. **Submissions:** Deadline: June 1 **Component:** Council on Advocacy and Government Relations. **Funding:** Council on Advocacy and Government Relations. |

### 36. Jeanne Spurlock Minority Fellowship Achievement Award

<p>| Established: 1999. This award is a permanent APA non-lecture award, named for a former Deputy Medical Director, to honor outstanding achievements of a former fellow of the Minority Fellowship Program. <strong>Honorarium:</strong> Certificate. <strong>Eligibility:</strong> Psychiatrists who are an alumnae/alumni in SAMHSA or Diversity Leadership Fellowships. <strong>Deadline:</strong> January 30 <strong>Component:</strong> Selection Committee under the American Psychiatric Association Foundation. <strong>Funding:</strong> Minority fellowships that are funded by the Substance Abuse Mental Health Services Administration and the American Psychiatric Association Foundation. |</p>
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<thead>
<tr>
<th>Award Name</th>
<th>Established</th>
<th>Description</th>
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<tr>
<td>John Fryer Award</td>
<td>2004</td>
<td>The award, named for John E. Fryer, M.D., honors an individual whose work has contributed to the improvement of the mental health of sexual minority communities. <strong>Submissions:</strong> Nominations are sought annually and include self-nominations or nominations by groups, institutions, or individuals. Those nominated need not be gay, lesbian, bisexual, or psychiatrists, but psychiatrists who are nominated must be APA members. <strong>Deadline:</strong> June 1. <strong>Honorarium:</strong> $1,000 and a plaque. Travel expenses are paid for nonmember winners. The winner may be asked to deliver an award lecture on a subject of his/her choice at the Annual Meeting or IPS (depending on rotation schedule). <strong>Component:</strong> Selection Committee under the American Psychiatric Association Foundation. <strong>Funding:</strong> Contributions by members of the AGLP.</td>
</tr>
<tr>
<td>Judd Marmor Award</td>
<td>1999</td>
<td>This award lecture honors an individual who has contributed to research advancing the biopsychosocial aspects of psychiatry. <strong>Honorarium:</strong> $1,000.00. <strong>Eligibility:</strong> Any individual or group in the field of the neuropsychological sciences, as well as literature, history, or pedagogy who make significant contributions to an understanding of the multifactorial (bio-psychosocial) elements involved in mental health and illness. <strong>Submissions:</strong> to be determined. <strong>Deadline:</strong> June 1. <strong>Component:</strong> Selection Committee under the American Psychiatric Association Foundation. <strong>Funding:</strong> Contribution from Dr. Judd Marmor.</td>
</tr>
<tr>
<td>Kempf Award for Research Development in Psychobiological Psychiatry</td>
<td>1987</td>
<td>This award is for published research on the physiological, psychological and/or sociological causes and treatment of schizophrenia. <strong>Honorarium:</strong> $1,500 for a senior researcher and approximately $20,000 to a young mentor-trainee of the senior award winner. A plaque or certificate will be presented to both winners at the APA Annual Meeting. <strong>Submissions:</strong> Six copies each of the following: 1) a description of the nominee's overall contribution to the body of research in schizophrenia; 2) a paper or book which is felt to be the most significant contribution of the nominee; 3) a description of the nominee's role and contribution as a mentor to younger colleagues in the field; 4) a description of the qualifications of the individual young research psychiatrist; and 5) the career development plan for the individual to be supported by award funds. <strong>Deadline:</strong> June 1. <strong>Component:</strong> Selection Committee under the American Psychiatric Association Foundation. <strong>Funding:</strong> Bequest from the estate of Dorothy C. Kempf.</td>
</tr>
<tr>
<td>Kun-Po Soo Award</td>
<td>1987</td>
<td>This award was established to recognize significant contributions toward understanding the impact and import of Asian cultural heritage in areas relevant to psychiatry. The award also seeks to encourage scholarship and research in culture-specific mental health issues and treatment needs of Asian populations and to stimulate scientific exchange on transcultural issues. The winner may be asked to present a lecture at an APA annual meeting. <strong>Honorarium:</strong> $1,000 and a plaque. <strong>Eligibility:</strong> Nominees need not be Asians, Americans, psychiatrists, or APA members. <strong>Submissions:</strong> Submissions must include a letter of nomination and documents to support the nominations. Published scholars will be encouraged to submit representative publications. <strong>Deadline:</strong> June 1. <strong>Component:</strong> Selection Committee under the American Psychiatric Association Foundation. <strong>Funding:</strong> From estate of the late Dr. Kun-Po Soo.</td>
</tr>
<tr>
<td>41. Psychiatric Research Fellowship</td>
<td><strong>Established:</strong> 1988. One-year fellowship is awarded to a post-graduate medical trainee specifically to focus on research and personal scholarship. Applications are evaluated on the basis of applicant’s qualifications; preceptor’s qualifications and quality of research training plan; and adequacy of institutional resources and facilities. <strong>Honorarium:</strong> A stipend of $45,000 will be paid to the institution for disbursement to the fellow. <strong>Eligibility:</strong> Individuals must have earned either a M.D. or D.O. degree and have completed residency training in psychiatry or child psychiatry by the time the fellowship commences. <strong>Submissions:</strong> Chairpersons of departments of psychiatry nominate residents for this fellowship: 1) the Chairperson’s description of the candidate’s accomplishments and activities and the institutional resources available to support the applicant’s training endeavors; 2) the nominee’s c.v. and a statement of his/her career goals and specific plan for the research training fellowship; 3) the preceptor’s description of his/her accomplishments as a researcher and mentor as well as the specific responsibilities he/she would have with regard to the applicant’s training program. <strong>Deadline:</strong> January 30. <strong>Component:</strong> Selection Committee under the American Psychiatric Association Foundation. <strong>Funding:</strong> APAF</td>
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<td>42. Manfred S. Guttmacher Award</td>
<td><strong>Established:</strong> 1975. This award is presented annually for outstanding contributions to the literature of forensic psychiatry, in the form of a book, monograph, paper, or other work, presented at any professional meeting or published in the previous year. Award is cosponsored by American Academy of Psychiatry and the Law (AAPL). <strong>Honorarium:</strong> $1000 and a plaque, with maximum of $500 for travel expenses to nonmember winners. An additional $1000 honorarium is provided by AAPL upon presentation of a publishable lecture that is presented at the annual meeting of the APA in May. <strong>Submissions:</strong> Six copies each of the work, and an abstract. <strong>Deadline:</strong> June 1. <strong>Component:</strong> Selection Committee under the American Psychiatric Association Foundation. <strong>Funding:</strong> A one-time contribution from Professional Risk Management Services, Inc.</td>
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<td>Award Name</td>
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<td>Purpose:</td>
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<td>Member Communications Award</td>
<td>2011</td>
<td>The Member Communications Award recognizes e-Newsletters, Websites, a Communications Plan, or Innovative &amp; Emerging Technology that facilitates effective communication with members and/or external audiences on matters of importance to psychiatry, the District Branch/State Association, or an APA constituent group. Judging criteria include how the award category achieve the goals of the format used including but not limited to the; frequency of content distributed; originality; general layout and design; available resources; creative solutions for member &amp; non-member outreach; timeliness; and overall impression. Solicitations for the award can be received from District Branch/State Associations or other APA constituent groups such as Members in Training (MIT); Early Career Psychiatrists (ECP); Assembly Allied Organization Liaisons (AAOL); and Minority Under-Represented (MUR). A District Branch/State Association or an APA Constituent Group can submit for only one of the four categories below. The four award categories are: 1. The <strong>Innovative &amp; Emerging Technology</strong> category encompasses the use of a blog, Podcast, e-Messaging, webinar, or video to share and express issues and ideas important to psychiatry. This new award category utilizes a social media or new technology format to bring change and novelty to message efficiency and engage follower’s on an ongoing basis. Entries are judged for eloquence, creativity, graphic design &amp; layout, writing quality and style, timeliness, significance of the issue, and its relevance to members. Innovation is progress! 2. The <strong>e-Newsletter</strong> category is presented to a district branch/state association or a constituent group that produces a high quality, engaging, timely, &amp; resourceful e-Newsletter that keeps members interested, informed, and involved. The e-Newsletter must display the archive frequency setting. 3. The <strong>Website</strong> category is judged on the following award criteria: • Website include links that facilitate action; • Fresh and timely news that keeps site visitors engaged; • Includes headshots, graphic elements or photos; • Stays in touch with current issues about psychiatry and patients; • Directs people to useful events; webinars, conferences, workshops, etc.; • Is visually appealing; • Includes opinions or feedback on other topics; and • Easy navigation. 4. The <strong>Overall Communications Plan</strong> award category establishes and executes a communication outreach plan that tackles a specific issue important to the profession or patients. Examples of an ideal communication plan include: raising awareness among the public and the press; organizing a grassroots advocacy outreach activity/ project/ or event; utilizing multi-media formats (webinars, video, social media) to educate the public or colleagues on a particular issue; or an advocacy outreach plan that engages other medical specialties, the public, or colleagues. <strong>Honorarium:</strong> Certificates awarded at the Annual Meeting of the Assembly.</td>
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<tr>
<td>Mrazek Award in Psychiatric Pharmacogenomics</td>
<td>2014</td>
<td>The David A. Mrazek Award recognizes an outstanding clinician in the field of pharmacogenomics. Named after the late David A. Mrazek, M.D., the award honors his contributions as a pioneer in the field and is meant to carry on his translational work and is presented during the APA Annual Meeting. <strong>Eligibility:</strong> Applicants must be a pharmacogenomics clinician. <strong>Deadline:</strong> June 1. <strong>Honorarium:</strong> Plaque and $1,500 <strong>Component:</strong> Selection Committee under the American Psychiatric Association Foundation <strong>Funding:</strong> Donation to Mrazek Award fund.</td>
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<td>Award Name</td>
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<td>Nancy C. A. Roeske Certificate of Recognition for Excellence in Medical Student Education</td>
<td>1989</td>
<td>This award is given to one salaried faculty member and one volunteer faculty member per each medical school, per year, for outstanding and sustained contributions to medical student education. <strong>Honorarium:</strong> Certificate. <strong>Eligibility:</strong> Nominee must be an APA Member or Fellow. <strong>Submissions:</strong> Nominations may be made by: 1) the department chair or dean of the medical school; 2) the director of medical student education; 3) a full-time colleague in the department; or 4) a medical student or psychiatric resident. Nominations must include a copy of the nominee’s curriculum vitae, a letter documenting sustained contributions, and a completed cover sheet. The documentation may include student evaluations or teaching awards, and should specifically detail teaching experience. <strong>Component:</strong> Council on Medical Education and Lifelong Learning. <strong>Funding:</strong> Council on Medical Education and Lifelong Learning.</td>
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<td>Oskar Pfitzer Award</td>
<td>1983</td>
<td>This award honors an outstanding contributor in the field of psychiatry and religion. Selection is made by the Caucus on Religion, Spirituality, and Psychiatry in consultation with representatives of the American Mental Health Clergy. <strong>Honorarium:</strong> $1,000 and plaque presented at the APA Annual Meeting. The winner is expected to present a lecture at the Annual Meeting. <strong>Component:</strong> Selection Committee under the American Psychiatric Association Foundation. <strong>Funding:</strong> The Association of Professional Chaplains and the Harding Foundation.</td>
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<td>Presidential Commendations</td>
<td>1979</td>
<td>Winners of the APA Presidential Commendations are selected by the APA President. Up to five Presidential Commendations may be awarded annually. <strong>Honorarium:</strong> Plaques are presented at the APA Convocation. <strong>Component:</strong> Selection Committee under the American Psychiatric Association Foundation. <strong>Funding:</strong> Annual Meeting Budget.</td>
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<tr>
<td>Psychiatric Services Achievement Awards</td>
<td>1949</td>
<td>These awards recognize outstanding programs that deliver services to people with mental illness or disabilities that have overcome obstacles and that can serve as models for other programs. <strong>Honorarium:</strong> Two first place or Gold Award winners are selected. Applications are grouped and rated under the following two categories: (1) large, academically or institutionally sponsored programs, and (2) smaller community-based programs. Each winner will receive a plaque and a grant. Second and third place winners also may be selected as recipients of Silver and Bronze Awards, respectively, and will receive a plaque and a grant. Awards are presented at the IPS. Winning programs present at a special afternoon workshop following the Opening Session. <strong>Eligibility:</strong> Applying programs must have been in full operation for a minimum of two years prior to the posted application deadline. Programs can be based in a school, a clinic, a hospital, or the community itself, and can provide unique human resource development, prevention, or administrative models that improve clinical care. <strong>Submissions:</strong> During the open application period complete the online form available on the APA’s website. Appropriate district branches are asked to make site visits to the top ranked programs and submit an evaluation to the Awards Committee. <strong>Component:</strong> Council on Healthcare Systems and Financing. <strong>Funding:</strong> APA</td>
</tr>
<tr>
<td>Ronald A. Shellow Award</td>
<td>2004</td>
<td>The award is given to a departing member of the Assembly who has served the Assembly far beyond the general standards of service evidenced by most members of the Assembly. <strong>Eligibility:</strong> Those eligible must, at their final Assembly meeting, have at least five (5) continuous years in the Assembly, and be departing as a District Branch/State Association Representative, Area Representative or Deputy Representative, or Recorder (District Branch/State Association Deputy Representatives and Past Speakers are not eligible.) <strong>Deadline:</strong> March 1. <strong>Honorarium:</strong> In the spirit of and recognizing the physiognomy of Ron Shellow, the award is an inscribed phrenology head, presented at the time departing members of the Assembly are recognized during a Plenary Session. <strong>Component:</strong> Awardees are selected by the Assembly Awards Committee, who shall be under no obligation to make any award at any Assembly meeting. <strong>Funding:</strong> The award is funded by the Assembly.</td>
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<tr>
<td>50. SAMHSA Minority Fellowship</td>
<td><strong>Purpose:</strong> The SAMHSA Minority Fellowship is designed to 1) provide recipients with enriching training experiences through participation in the APA September and Annual Meetings 2) provide recipients with resources to support activities that enhance cultural awareness. <strong>Announcement:</strong> <em>Psychiatric News</em>, fellowship listservs, APA meetings. <strong>Eligibility:</strong> Resident-Fellow Members, particularly minorities. <strong>Submissions:</strong> Application, up to date CV, References and statement of interest. <strong>Deadline:</strong> January 30 <strong>Component:</strong> Selection Committee under the American Psychiatric Association Foundation. <strong>Funding:</strong> SAMHSA <strong>Other:</strong> SAMHSA fellows receive government stipend support (based on available funds); SAMHSA fellows serve for one year; Fellows are selected based on 1) their commitment to serve minorities and the under-served, 2) their demonstrated leadership abilities, and 3) their interest in the interrelationship between mental health/illness and trans-cultural factors. The Minority Fellowships Program provides educational enrichment to psychiatrists-in-training and stimulates their interest in providing quality and effective services in those areas of psychiatry where minority and under-served groups are underrepresented, such as research, teaching, addiction psychiatry, forensic and child psychiatry. It is also designed to (a) involve the resident fellows in the work of the Association through their participation in the APA Annual Meeting and deliberations of APA components and (b) give the Association the perspective of young psychiatrists. There are now two groups of fellows under the Minority Fellowships Program: SAMHSA Fellows (funded by the Substance Abuse Mental Health Services Administration), and Diversity Leadership Fellows.</td>
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<td>51. Simon Bolivar Award Lecture</td>
<td><strong>Established:</strong> 1975. This award honors a prominent Hispanic statesman or spokesperson, and is designed to sensitize the APA membership to the problems and goals of Hispanics. <strong>Honorarium:</strong> $500 and a plaque, with travel expenses for nonmember winners. The winner presents a lecture at the APA Annual Meeting. <strong>Deadline:</strong> June 1. <strong>Component:</strong> Selection Committee under the American Psychiatric Association Foundation. <strong>Funding:</strong> Eli Lilly and Company and Pfizer Inc.</td>
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<td>52. Solomon Carter Fuller Award</td>
<td><strong>Established:</strong> 1969. This award, honoring the first Black psychiatrist in the United States, honors a Black citizen who has pioneered in an area which has significantly benefited the quality of life for Black people. <strong>Submissions:</strong> Letters of nomination, along with candidates’ curriculum vitae may be submitted to a member of the Committee of Black Psychiatrists. <strong>Deadline:</strong> June 1. <strong>Honorarium:</strong> $500 and a plaque. Travel expenses are paid for nonmember winners. The winner presents a lecture at the APA Annual Meeting or IPS. <strong>Component:</strong> Selection Committee under the American Psychiatric Association Foundation.</td>
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<td>53. Spurlock Congressional Fellowship</td>
<td><strong>Purpose:</strong> Provides an educational opportunity for psychiatry residents, psychiatry fellows and early career psychiatrists to work in a congressional office to stimulate the development of a new generation of advocacy and professional leaders. The congressional fellow will gain experience in legislative processes for purposes of contributing to the education of professional peers and to stimulate participation in public policy development as regards mental health legislation. The fellow will also participate in the education of Congressional leaders regarding mental health and mental illnesses. <strong>Announcement:</strong> In <em>Psychiatric News</em>, fellowship list serves and at APA meetings, APA Foundation outlets. <strong>Eligibility:</strong> RFM/early career psychiatrists. <strong>Submissions:</strong> Statement of interest, up-to-date CV, References. The award committee reads the applications, discuss and select winner during annual meeting. <strong>Deadline:</strong> January 30. <strong>Honorarium:</strong> Travel Stipend. <strong>Funding:</strong> Pfizer <strong>Component:</strong> Selection Committee under the American Psychiatric Association Foundation.</td>
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<td>Award Name</td>
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<tr>
<td>Vestermark Psychiatry Educator Award</td>
<td>1969</td>
<td>This award is in memory of Seymour Vestermark, M.D., Chief of the NIMH Training Branch from 1948-59, an international authority in the field of professional mental health education &amp; training. Award recognizes an educator who has made outstanding contributions to undergraduate, graduate or postgraduate education and career development in psychiatry.</td>
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<tr>
<td>Warren Williams Assembly Speakers Award</td>
<td>1984</td>
<td>The Award was established in 1984 and named in honor and memory of Warren Williams, M.D., Past Speaker of the Assembly, to recognize outstanding recent or current activity/contribution in the field of psychiatry and mental health.</td>
</tr>
<tr>
<td>William C. Menninger Memorial Convocation Lecture</td>
<td>1991</td>
<td>The award was established in 1991 in memory of William Sorum, M.D., Past Speaker of the Assembly. The award honors a Resident-Fellow Member or District Branch in each Area that has made notable progress in Resident-Fellow Member activities, involvement, participation, or representation in the APA.</td>
</tr>
<tr>
<td>William Sorum Assembly Resident-Fellow Member Award</td>
<td>1991</td>
<td>The award was established in 1991 in memory of William Sorum, M.D., Past Speaker of the Assembly. The award honors a Resident-Fellow Member or District Branch in each Area that has made notable progress in Resident-Fellow Member activities, involvement, participation, or representation in the APA.</td>
</tr>
<tr>
<td>William W. “Bill” Richards Rural Psychiatry Award</td>
<td>2004</td>
<td>This is an Area Council award for APA members who have made exemplary contributions toward the treatment of patients and the practice of psychiatry and rural and/or remote geographic areas.</td>
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</tbody>
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APPENDIX H: GUIDELINES AND PROCEDURES FOR SEEKING EXTERNAL FUNDING
Revised October 2000; October 2014

BACKGROUND
To effectively serve the membership while working to support APA’s mission, all APA councils, components, and staff must adhere to the following guidelines and procedures for seeking external funding for any national APA activity.

To receive approval to seek external funding, the proposed activity must address an identified APA programmatic goal or priority. The activity must also be consistent with the mission or objective of the council, component, or program and should not duplicate efforts existing within other parts of APA. Control of the content of an externally funded activity must be retained by APA consistent with policies outlined in the APA Operations Manual as well as those of the Food and Drug Administration (FDA) and the Accreditation Council for Continuing Medical Education (ACCME) when applicable.

REQUESTS MADE BY COUNCILS AND COMPONENTS
1. Before initiating a solicitation for funds from any external source, a written request must be made to the appropriate council chairperson describing the project, the amount of funds needed, and the anticipated impact on APA’s mission.

2. After approval is received from the appropriate council, the request must be reviewed and approved by the Joint Reference Committee and then forwarded to the Board of Trustees for final approval.

3. After the Board of Trustees makes a final decision, the request will be forwarded to the Chief Executive Officer/Medical Director’s Office (CEO/MDO) for action. The CEO/MDO will notify the requesting council or component of the disposition of the request. To avoid overlap and ensure consistency of messages, approaches and/or applications for external funding will be coordinated with the American Psychiatric Association Foundation. All external funding requests will be coordinated through the American Psychiatric Association Foundation. Funds will be deposited in the Foundation account for the program or project. They will be admixture by the program staff of the department assigned if an APA or Foundation program or project.

REQUESTS MADE BY APA ADMINISTRATION
It is expected that the Administration, in carrying out the programmatic goals and priorities established by the Board of Trustees may, from time to time, need to seek external funding for programs and activities. The procedure is as follows:

1. Before initiating a solicitation for funds from any external source, a written request must be made to the appropriate Executive Staff member describing the project, the amount of funds needed, and the anticipated impact on APA’s mission.

2. If approval is received from the appropriate Executive Staff member, the request will be sent to the CEO/Medical Director for final approval. The Chief Executive Officer/Medical Director’s Office will notify the requesting Executive Staff member and appropriate staff of the disposition of the request.

3. To avoid overlap and ensure consistency of message, approaches and/or applications to external funding sources must be coordinated with the American Psychiatric Association Foundation. All external funding requests will be coordinated through the American Psychiatric Association Foundation. Funds will be deposited in the Foundation account for the program or project. They will be admixture by the program staff of the department assigned if an APA or Foundation program or project.
EXTERNAL FUNDING REQUEST FORM
For use by national components and APA members
Revised October 2000

DATE: _______________________________________

COMPONENT: ___________________________________________

STAFF CONTACT: _______________________________________

MEMBER GROUP SERVED: _______________________________________

AMOUNT OF REQUEST: _______________________________________

PROJECT DESCRIPTION AND IMPACT ON APA’S MISSION:

APPROVALS:

COUNCIL: ___________________________ DATE: __________

JOINT REFERENCE COMMITTEE: ______________ DATE: __________

BOARD OF TRUSTEES: ______________ DATE: __________

RECEIVED BY CEO/MEDICAL DIRECTOR’S OFFICE: _________ (DATE)

NOTIFICATION SENT TO COMPONENT/MEMBER: ___________ (DATE)

POTENTIAL SOURCES OF FUNDS: ________________________________

FUNDING RESULTS:
SOURCES AND AMOUNTS:

COMMENTS:
EXTERNAL FUNDING REQUEST FORM
For use by APA Administration
Revised October 2000

DATE: __________________________________________
DEPARTMENT: ___________________________________
NAME: __________________________________________
MEMBER GROUP SERVED: ___________________________
AMOUNT OF REQUEST: _____________________________
PROJECT DESCRIPTION AND IMPACT ON APA’S MISSION:

APPROVALS:
EXECUTIVE STAFF MEMBER: _____ DATE: _________
CEO/MEDICAL DIRECTOR’S OFFICE: _____ DATE: _________

POTENTIAL SOURCES OF FUNDS: ________________________________

FUNDING RESULTS:
SOURCES AND AMOUNTS:

COMMENTS:
APPENDIX I-1: GENERAL PRINCIPLES AND PROCESS FOR ESTABLISHING AN APA COUNCIL

Chapter Two, “Component Structure of the Association,” of this manual contains standard definitions for all types of components that include composition, size, tenure, and budget/conduct of business. Please review those definitions when completing the appropriate forms. As of June, 2002, standard costs have been developed for components based on their type. Since the standard costs may vary from year to year, please contact the Finance staff for current costs and for assistance with any additional costs.

1. Significant changes in our field may rarely lead to a need for the creation of new APA councils. A new council should reflect an important priority area in our field and be a response to new knowledge development representing the interests of patients and families as well as practitioners.

2. A new council should be a rational way to organize the new developments within the field and reflect training and research needs as well as clinical practice. Councils may house committees and corresponding committees as the work requires. Should future needs of an approved council warrant it task forces may be requested and work groups may be created within the council in keeping with procedures set forth in this Operations Manual (See Chapter Two, “Component Structure of the Association” and Appendix W-1, “Component Budget Policy,” of this manual.)

3. A council should be an expert advisory and representational resource for organizations and interests of importance to the expanding field both inside and outside of APA.

4. A new council’s function should include the development and implementation of APA policy related to its area of expertise.

5. Proposals for a new council should come before the Joint Reference Committee for consideration prior to recommendation to the Board of Trustees.

6. Proposals should elucidate why existing components are insufficient to accomplish the goals and should include a procedure for review following a period of provisional functioning if approved. (See Form to Propose a New Council, Appendix I-1-a)

7. All proposals must include cost estimates for the component including realistic estimates of the staff time required. (See Form to Propose a New Council, Appendix I-1-a)

8. All proposals for new councils will be circulated to existing councils for input to the Joint Reference Committee approval process as well as recommendations as to whether existing council(s) are able to include the functions of the new proposed council within their structure(s).
FORM TO PROPOSE A NEW APA COUNCIL

PROPOSED COUNCIL NAME:

ISSUE/PROBLEM (Include description, history, APA actions to date, who is affected by the issue/problem and why existing components are insufficient to accomplish the goals):

RECOMMENDED CHARGE (Include scope of work, desired work product, tasks required):

PROCEDURE FOR REVIEW (following a period of provisional functioning, if approved):

COST ESTIMATE: Twelve voting members and corresponding members may be appointed at the discretion of the President and with input from the component chairperson. Two in-person meetings per year: The September Components Meeting and a meeting at either the Annual Meeting or IPS meeting. The APA will pay only for travel to the September Components Meeting. Contact Finance for assistance.

Airfare
Hotel & Per Diem
Conference Calls
Postage
Meeting Room Costs (one-half)
List serve Costs
Staff time required

SOURCE OF FUNDING:

PROPOSED BY:
Chapter Two, “Component Structure of the Association,” of this manual contains standard definitions for all types of components that include composition, size, tenure, and budget/conduct of business. Please review those definitions when completing the appropriate forms. As of June, 2002, standard costs have been developed for components based on their type. Since the standard costs may vary from year to year, please contact the Finance staff for current costs and for assistance with any additional costs.

COMMITTEE:

1. As a general rule, committees should evolve from other bodies (i.e., work groups, task forces etc.), which can demonstrate ongoing need and a track record of work product.
   a. The request for committee status should first be approved by the Council to which the task oriented body reports within the APA.
   b. If the request is approved by the Council, it is then forwarded directly to the JRC for comment and referral to the Board of Trustees.

2. Close scrutiny of the reasons for which a proposed committee could not function adequately as task force or work group should occur. This should include consideration of the following questions. (See Form to Propose a Component, Appendix I-2.a)
   a. How is the proposed committee charge consistent with current APA goals?
   b. The proposed work product:
      1) Why is it needed?
      2) How long will it take to produce?
      3) What is currently available?
   c. The potential benefits of the committee’s work product to APA members.
   d. The cost involved and the available funds for new committees.

3. A track record may include a minimum of two years of demonstrated functioning, and should include descriptions of the group’s work product.

TASK FORCE

1. A Task Force is a small, time-limited group created to address a specific issue or task not being handled by an existing component. The task may be outside the expertise of a component.
   a. The request for committee status should first be approved by the Council to which the task oriented body reports within the APA.
   b. If the request is approved by the Council, it is then forwarded directly to the JRC for comment and referral to the Board of Trustees.

2. Close scrutiny of the reasons for creating a task force should occur. This should include consideration of the following questions. (See Form to Propose a Component, Appendix I-2.a)
   e. How is the proposed charge consistent with current APA goals?
   f. The proposed work product:
      1) Why is it needed?
      2) How long will it take to produce?
      3) What is currently available?
   g. The potential benefits of the task force’s work product to APA members.
   h. The cost involved and the available funds for new task force.
FORM TO PROPOSE AN APA COMMITTEE

TYPE OF COMPONENT (committee, task force, work group, etc.):

EXISTING COMPONENT NAME AND TYPE:

PROPOSED COMPONENT NAME:

PROPOSED COMPONENT CHARGE: (if charge differs from charge of existing component)

TENURE AND SIZE: (See Chapter Two, “Component Structure of the Association,” of this manual for component definitions, size, tenure, and budget/conduct of business requirements.)

JUSTIFICATION FOR CHANGING TO COMMITTEE STATUS:

1. How is the proposed committee charge consistent with current APA goals?
   The proposed work product:
   a) Why is it needed?
   b) How long will it take to produce?
   c) What is currently available?
2. What are the potential benefits of the committee’s work product to APA members?
3. What are the costs involved and the available funds?
4. What is the component’s track record? Please provide details as per the general principles.

COST ESTIMATE: (See Chapter Two, “Component Structure of the Association,” of this manual for component definitions, size, tenure, and budget/conduct of business requirements.) Contact Finance for assistance.

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Airfare</td>
<td></td>
</tr>
<tr>
<td>Hotel &amp; Per Diem</td>
<td></td>
</tr>
<tr>
<td>Conference Calls</td>
<td></td>
</tr>
<tr>
<td>Postage</td>
<td></td>
</tr>
<tr>
<td>Meeting Room Costs (one-half)</td>
<td></td>
</tr>
<tr>
<td>Listserve Costs</td>
<td></td>
</tr>
<tr>
<td>Staff time required</td>
<td></td>
</tr>
</tbody>
</table>

SOURCE OF FUNDING:

PROPOSED BY:
### APPENDIX J: TRAVEL REIMBURSEMENT FORM

**AMERICAN PSYCHIATRIC ASSOCIATION**

**2016 Travel Expense Reimbursement Form (Rev. 02-16)**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Date Prepared:</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
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</table>

<table>
<thead>
<tr>
<th>Name of Meeting:</th>
<th>Subject/Project:</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Meeting Dates:</th>
<th>Meeting Location:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### COMMON CARRIER TRAVEL

<table>
<thead>
<tr>
<th>Departure City &amp; State</th>
<th>Date</th>
<th>Arrival City &amp; State</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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#### GROUND TRANSPORTATION

<table>
<thead>
<tr>
<th>Type</th>
<th>Date</th>
<th>Departure</th>
<th>Arrival</th>
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<tbody>
<tr>
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</tbody>
</table>

#### MILEAGE (To be used when Mode of Travel was Personal Auto)

<table>
<thead>
<tr>
<th>Date</th>
<th>No. of Miles</th>
<th>2016 Mileage Rate</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>$0.540</td>
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<td>$0.540</td>
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#### HOTEL

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<thead>
<tr>
<th>Natural Account No.</th>
<th>Room and Taxes Not on Master Bill</th>
<th>(DO NOT INCLUDE MEALS)</th>
<th>Hotel Tips</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

#### MEALS

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
<th>Break</th>
<th>Lunch</th>
<th>Dinner</th>
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#### OTHER - Item / Natural Account

<table>
<thead>
<tr>
<th>Description</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Natural Account No.</th>
<th>Total Meals</th>
</tr>
</thead>
<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Total Travel</th>
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<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Natural Account No.</th>
<th>Total Hotel</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total Reimbursable Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total Reimbursement Request</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

I certify that all expenses listed above are my personal expenses, except as noted.

Signature of Person Requesting Reimbursement: [signature]

Date: [date]

Signature of Person Authorizing Reimbursement (Staff Liaison or Department Head):

[signature]

Date: [date]

Printed Name of Person Authorizing Reimbursement:

[signature]

PLEASE INCLUDE RECEIPTS FOR ALL ITEMS $25 OR GREATER

IMPORTANT - ALL REIMBURSEMENTS ARE MADE BY ELECTRONIC FUNDS TRANSFER

PLEASE BE CERTAIN THAT APA HAS YOUR BANKING INFORMATION IN ORDER TO MAKE PAYMENT
TRAVEL REIMBURSEMENT FORM INSTRUCTIONS
(updated February 2016)

The form should be completed by anyone seeking reimbursement for business travel expenses and/or any staff member who is providing support for receiving a travel advance. The form should be completed within 10 days after the business travel has been completed. In accordance with IRS regulations, APA is required to report travel advances as taxable income if the reimbursement report is not received and processed within 120 days of the advance being received. Receipts are required for all reimbursement requests over $25.

a. The form should be completed for anyone who has traveled and is seeking reimbursement or reporting on a travel advance. Their name and address should be entered on the top two lines of the form. The address should be the check mailing address.

b. The name of the meeting, the dates and the location of the meeting should be entered as prompted on the form. In accordance with the travel policy, the business purpose for the travel should be noted in the space provided.

c. Enter the type of transportation used to attend the meeting in the section entitled “Mode of Travel”. List the departure city and state and arrival city and state for each part of the trip. If you are seeking reimbursement for your airline, train or bus ticket, please attach a copy of the boarding passes and the receipt to the form. If your travel was paid by APA, please note your travel dates but put zero for the amount of reimbursement request. Only the portion of the travel that was for APA business should be included on the form. No personal travel should be entered on the form as those costs are not reimbursable.

d. If you traveled by personal auto, please complete the mode of travel section by listing your departure and arrival destination. To seek reimbursement for mileage, please complete the section entitled “Mileage”. Please note the number of miles traveled per day. The mileage rate is the rate for privately owned vehicles that is published by the Internal Revenue Service. This rate is deemed to cover all operational expenses including gas, maintenance and insurance.

e. Hotel expenses are reimbursable to the extent covered by the APA travel policy. If your room and taxes were directly billed to APA from the hotel, please do not request reimbursement on this form. If requesting reimbursement for other incidentals please attach a copy of the hotel bill/portfolio and note those items in which you are seeking reimbursement. The total amount of the incidentals should be noted on the form on the line entitled “Hotel-Reimbursable expenses not on Master bill”.

f. Meals, including beverages and tips, are reimbursed at actual costs; the daily total is not to exceed the maximum meal allowance provided by APA. This information is updated annually and available from the Finance Department. Receipts are required for all reimbursement requests over $25.

g. Ground transportation is reimbursable. Receipts are required for each ride over $25. Please provide a listing of the various ground transportation used while attending the meeting, the departure and arrival destination, and the costs per incident.

h. If other expenses were incurred while traveling, please list those expenses with a description of the service in the section entitled “other”. For a complete listing of reimbursable expenses, please refer to the APA travel policy.

i. Please total the form for all the expenses in which you are seeking reimbursement, the reimbursement request must be reduced by any travel advance received.

Please complete, sign and submit this form to either your department head or staff liaison for authorization. Once the form has been authorized, it should be forwarded to the APA Finance Department for payment.
### 2016 APA NATIONAL DUES RATES

<table>
<thead>
<tr>
<th>Membership Category</th>
<th>U.S. Members</th>
<th>Canadian Members &amp; At-Large Mbrs Residing Outside the U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resident Fellow Member*</td>
<td>$105.00</td>
<td>$65.00</td>
</tr>
<tr>
<td>General Member/Fellow** (Year 1)</td>
<td>$145.00</td>
<td>$90.00</td>
</tr>
<tr>
<td>General Member/Fellow (Year 2)</td>
<td>$200.00</td>
<td>$125.00</td>
</tr>
<tr>
<td>General Member/Fellow (Year 3)</td>
<td>$260.00</td>
<td>$160.00</td>
</tr>
<tr>
<td>General Member/Fellow (Year 4)</td>
<td>$345.00</td>
<td>$210.00</td>
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<tr>
<td>General Member/Fellow (Year 5)</td>
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<tr>
<td>General Member/Fellow (Year 6)</td>
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<td>$315.00</td>
</tr>
<tr>
<td>General Member/Fellow (Year 7)</td>
<td>$575.00</td>
<td>$350.00</td>
</tr>
<tr>
<td>General Member/Fellow (Year 8+)</td>
<td>$575.00</td>
<td>$350.00</td>
</tr>
<tr>
<td>Distinguished Fellow &amp; Associate Member</td>
<td>$575.00</td>
<td>$350.00</td>
</tr>
<tr>
<td>FE, DF, GM, AM w/ at least 15 TMY &amp; 70 years of age</td>
<td>$575.00</td>
<td>$350.00</td>
</tr>
<tr>
<td>Life Status (1-5 Years) Distinguished Life Fellow, Life Member, Life Fellow &amp; Life Associate</td>
<td>$380.00</td>
<td>N/A</td>
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<tr>
<td>Life Status (6-10 Years) Distinguished Life Fellow, Life Member, Life Fellow &amp; Life Associate</td>
<td>$380.00</td>
<td>$230.00</td>
</tr>
<tr>
<td></td>
<td>$190.00</td>
<td>$115.00</td>
</tr>
</tbody>
</table>

*First year waived
**Graduated EM/PE dues are for Early Career Psychiatrists who have completed training and advanced to EM/PE status or joined within the first six years of training completion. New General Members or Fellows who have been out of training for more than six years will be discounted 50% of the full EM dues when joining and will be charged the full amount of EM dues in the following year.

**Please Note:**
- International Member/Fellow/Distinguished Fellow dues are based on country of residence World Bank income group category
  - $56-Lower Income, $130-Lower Middle Income, $180-Upper Middle Income, $210-Upper Income
- All figures are in U.S. Dollars
- For local dues rates visit [www.psychiatry.org](http://www.psychiatry.org) under the Join & Participate tab or contact your District Branch/State Association
- APA Membership year runs January 1 - December 31
- Dues must be paid by March 31

For more information, contact APA Customer Service at 888-35-PSYCH or Membership at membership@psych.org.

09/22/2015
# 2016 APA NATIONAL DUES RATES

<table>
<thead>
<tr>
<th>Membership Category</th>
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<td>$115.00</td>
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</tbody>
</table>

*First year waived
**Graduated GM/FE dues are for Early Career Psychologists who have completed training and advanced to GM/FE status or joined within the first six years of training completion. New General Members or Fellows who have been out of training for more than six years will be discounted 50% of the full GM rate when joining and will be charged the full amount of GM dues the following year.

Please Note:
- International Member/Fellow/Distinguished Fellow dues are based on country of residence World Bank Income group category
  - $555-Lower Income, $110-Lower Middle Income, $181-Upper Middle Income, $210-Upper Income
- All figures are in U.S. Dollars
- For local dues rates visit www.psychology.org under the Join & Participate tab or contact your District Branch/Slate Association
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09/22/2015
## 2016 APA NATIONAL DUES RATES

<table>
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<tr>
<th>Membership Category</th>
<th>U.S. Members</th>
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<td>$115.00</td>
</tr>
</tbody>
</table>

*First year waived
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Please Note:

- International Member/Fellow/Distinguished Fellow dues are based on country of residence World Bank income group category
- $55-Lower Income, $100-Lower Middle Income, $180-Upper Middle Income, $210-Upper Income
- All figures are in U.S. Dollars
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06/22/2015
## 2016 APA NATIONAL DUES RATES

<table>
<thead>
<tr>
<th>Membership Category</th>
<th>U.S. Members</th>
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<tbody>
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### Please Note:
- International Member/Fellow/Distinguished Fellow dues are based on country of residence World Bank income group category
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09/22/2015
### District Branch and Area Dues Rates - 2016

**As of 09/22/15**

<table>
<thead>
<tr>
<th>D8 Name</th>
<th>RFM</th>
<th>AM</th>
<th>GM/FE</th>
<th>DF</th>
<th>Life 1-5</th>
<th>Life 6 - 10</th>
<th>Assess</th>
<th>Began Life</th>
<th>Tax Status</th>
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<td>03-Bronx</td>
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<td>$175</td>
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<td></td>
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<tr>
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<td>$195</td>
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<td></td>
<td>1/1993</td>
<td>501(c)(6) 40 %</td>
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<tr>
<td>03-Brooklyn</td>
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<td>$195</td>
<td>$195</td>
<td>$130</td>
<td>$65</td>
<td></td>
<td>1/1993</td>
<td>501(c)(6) 40 %</td>
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<tr>
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<td>$215</td>
<td>$215</td>
<td>$215</td>
<td>$142</td>
<td>$71</td>
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<td>1/1993</td>
<td>501(c)(3) 125</td>
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<td>$398</td>
<td>$398</td>
<td>$265</td>
<td>$133</td>
<td></td>
<td>1/1993</td>
<td>501(c)(6) 55 %</td>
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<tr>
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<td>$100</td>
<td>$100</td>
<td>$100</td>
<td>$65</td>
<td>$30</td>
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<td>1/1993</td>
<td>501(c)(6) 11</td>
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<td>$195</td>
<td>$195</td>
<td>$130</td>
<td>$65</td>
<td></td>
<td>1/1993</td>
<td>501(c)(6) 40 %</td>
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<tr>
<td>06-Colorado</td>
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<td>$380</td>
<td>$380</td>
<td>$380</td>
<td>$255</td>
<td>$130</td>
<td></td>
<td>1/1999</td>
<td>501(c)(6) 6 %</td>
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<tr>
<td>07-Connecticut</td>
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<td>$375</td>
<td>$375</td>
<td>$375</td>
<td>$250</td>
<td>$125</td>
<td></td>
<td>5/5</td>
<td>1/1994 501(c)(6) 30 %</td>
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<td>08- Delaware</td>
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<td>$100</td>
<td>$100</td>
<td>$100</td>
<td>$65</td>
<td>$30</td>
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<td>1/1996</td>
<td>501(c)(6) 12</td>
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<td>$300</td>
<td>$300</td>
<td>$300</td>
<td>$200</td>
<td>$100</td>
<td></td>
<td>1/1998</td>
<td>501(c)(6) 35 %</td>
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<td>10-Florida</td>
<td>$25</td>
<td>$515</td>
<td>$515</td>
<td>$515</td>
<td>$345</td>
<td>$175</td>
<td>$250^</td>
<td>1/1993</td>
<td>501(c)(6) 8 %</td>
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<td>11-Georgia</td>
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<td>$375</td>
<td>$375</td>
<td>$375</td>
<td>$200</td>
<td>$100</td>
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<td>1/2009</td>
<td>501(c)(6) 19 %</td>
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<td>12-Hawaii</td>
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<td>$250</td>
<td>$250</td>
<td>$250</td>
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<td>$85</td>
<td></td>
<td>1/2002</td>
<td>501(c)(6) 50 %</td>
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<tr>
<td>13-Illinois</td>
<td>$55</td>
<td>$455</td>
<td>$455</td>
<td>$455</td>
<td>$210</td>
<td>$120</td>
<td></td>
<td>1/1995</td>
<td>501(c)(6) 35 %</td>
</tr>
<tr>
<td>14-Indiana</td>
<td>$30</td>
<td>$250</td>
<td>$250</td>
<td>$250</td>
<td>$150</td>
<td>$100</td>
<td>$50</td>
<td>1/2010</td>
<td>501(c)(6) 0 %</td>
</tr>
</tbody>
</table>

**Notes:**

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- NY DRs waive AIRFA first year RFM except for DR 40.
- T DB 26 RFM waiver for PGY 1st year only.
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$50-Lower Income, $130-Lower Middle Income, $180-Middle Income, $210-Upper Income

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09/22/2015
## 2016 APA NATIONAL DUES RATES

<table>
<thead>
<tr>
<th>Membership Category</th>
<th>U.S. Members</th>
<th>Canadian Members &amp; At-Large Mbrs Residing Outside the U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resident Fellow Member*</td>
<td>$105.00</td>
<td>$65.00</td>
</tr>
<tr>
<td>General Member/Fellow** (Year 1)</td>
<td>$145.00</td>
<td>$90.00</td>
</tr>
<tr>
<td>General Member/Fellow (Year 2)</td>
<td>$200.00</td>
<td>$125.00</td>
</tr>
<tr>
<td>General Member/Fellow (Year 3)</td>
<td>$260.00</td>
<td>$160.00</td>
</tr>
<tr>
<td>General Member/Fellow (Year 4)</td>
<td>$345.00</td>
<td>$210.00</td>
</tr>
<tr>
<td>General Member/Fellow (Year 5)</td>
<td>$430.00</td>
<td>$265.00</td>
</tr>
<tr>
<td>General Member/Fellow (Year 6)</td>
<td>$520.00</td>
<td>$315.00</td>
</tr>
<tr>
<td>General Member/Fellow (Year 7)</td>
<td>$575.00</td>
<td>$350.00</td>
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<tr>
<td>General Member/Fellow (Year 8+)</td>
<td>$575.00</td>
<td>$350.00</td>
</tr>
<tr>
<td>Distinguished Fellow &amp; Associate Member</td>
<td>$430.00</td>
<td>$265.00</td>
</tr>
<tr>
<td>FE, DF, GM, AM w/ at least 15 TYM &amp; 70 years of age</td>
<td>$380.00</td>
<td>N/A</td>
</tr>
<tr>
<td>Life Status (1-5 Years) Distinguished Life Fellow, Life Member, Life Fellow &amp; Life Associate</td>
<td>$380.00</td>
<td>$230.00</td>
</tr>
<tr>
<td>Life Status (6-10 Years) Distinguished Life Fellow, Life Member, Life Fellow &amp; Life Associate</td>
<td>$190.00</td>
<td>$115.00</td>
</tr>
</tbody>
</table>

*First year waived

**Graduated EM/HE dues are for Early Career Psychiatrists who have completed training and advanced to EM/HE status or joined within the first six years of training completion. New General Members or Fellows who have been out of training for more than six years will be discounted 50% of the full EM rate when joining and will be charged the full amount of EM dues th following year.

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09/22/2015
### District Branch and Area Dues Rates - 2016

**As of 09/22/15**

<table>
<thead>
<tr>
<th>DB Name</th>
<th>RFM</th>
<th>AM</th>
<th>GMPFE</th>
<th>DF</th>
<th>Life 1-5</th>
<th>Life 6 - 10</th>
<th>Assess</th>
<th>Began Life</th>
<th>Tax Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-Iowa</td>
<td>$20</td>
<td>$400</td>
<td>$400</td>
<td>$200</td>
<td>$100</td>
<td></td>
<td></td>
<td>1/2008</td>
<td>5010(3)(0) 22 %</td>
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<tr>
<td>17-Kansas</td>
<td>$60</td>
<td>$210</td>
<td>$210</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5010(8)(0) 11 %</td>
</tr>
<tr>
<td>18-Kentucky</td>
<td>$-</td>
<td>$280</td>
<td>$280</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1/1993</td>
<td>5010(3)(b) 12 %</td>
</tr>
<tr>
<td>19-Louisiana</td>
<td>$50</td>
<td>$250</td>
<td>$250</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1/1996</td>
<td>5010(3)(c) 34 %</td>
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<tr>
<td>20-Maryland Not on Centralized Billing</td>
<td>$70</td>
<td>$427</td>
<td>$427</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1/1998</td>
<td>5010(3)(d) 6 %</td>
</tr>
<tr>
<td>21-Michigan</td>
<td>$65</td>
<td>$350</td>
<td>$350</td>
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<td></td>
<td></td>
<td></td>
<td>1/1993</td>
<td>5010(3)(e) 3 %</td>
</tr>
<tr>
<td>22-Minnesota</td>
<td>$-</td>
<td>$360</td>
<td>$360</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1/1996</td>
<td>5010(3)(f) 26 %</td>
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<tr>
<td>23-Mississippi</td>
<td>$60</td>
<td>$277</td>
<td>$277</td>
<td></td>
<td></td>
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<td></td>
<td>1/2004</td>
<td>5010(3)(g) 5 %</td>
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<tr>
<td>24-Mid-Hudson New York State - Area 2</td>
<td>$15</td>
<td>$200</td>
<td>$200</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1/1993</td>
<td>5010(3)(h) 0 %</td>
</tr>
<tr>
<td>25-Greater Long Island Not on Centralized Billing</td>
<td>$30</td>
<td>$195</td>
<td>$195</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1/1993</td>
<td>5010(3)(i) 0 %</td>
</tr>
<tr>
<td>New York State - Area 2</td>
<td>$15</td>
<td>$195</td>
<td>$195</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1/1993</td>
<td>5010(3)(j) 0 %</td>
</tr>
<tr>
<td>26-New Jersey</td>
<td>$-</td>
<td>$305</td>
<td>$305</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1/2005</td>
<td>5010(3)(k) 15 %</td>
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<tr>
<td>27-New York County</td>
<td>$75</td>
<td>$245</td>
<td>$245</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1/1993</td>
<td>5010(3)(l) 0 %</td>
</tr>
<tr>
<td>New York State - Area 2</td>
<td>$15</td>
<td>$195</td>
<td>$195</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1/1993</td>
<td>5010(3)(m) 0 %</td>
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<tr>
<td>28-New York State Capital New York State - Area 2</td>
<td>$50</td>
<td>$125</td>
<td>$125</td>
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<td></td>
<td></td>
<td></td>
<td>1/1993</td>
<td>5010(3)(n) 12 %</td>
</tr>
<tr>
<td>29-North Carolina</td>
<td>$50</td>
<td>$350</td>
<td>$350</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1/1994</td>
<td>5010(3)(o) 12 %</td>
</tr>
<tr>
<td>30-Northern California</td>
<td>$70</td>
<td>$250</td>
<td>$250</td>
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<td></td>
<td></td>
<td></td>
<td>1/1993</td>
<td>5010(3)(p) 0 %</td>
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<tr>
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<td>$390</td>
<td>$390</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>5010(3)(q) 35 %</td>
</tr>
</tbody>
</table>

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<td>$350.00</td>
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<td>$350.00</td>
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<th>Life 6-10</th>
<th>Assess</th>
<th>Began Life</th>
<th>Tax Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>32-Massachusetts</td>
<td>$ 55</td>
<td>$ 365</td>
<td>$ 365</td>
<td>$ 245</td>
<td>$ 120</td>
<td>1/1994</td>
<td>501(c)(3)</td>
<td>$ 76</td>
</tr>
<tr>
<td>33-Washington State</td>
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<td>$ 320</td>
<td>$ 320</td>
<td>$ 105</td>
<td>$ 105</td>
<td>1/1998</td>
<td>501(c)(6)</td>
<td>4 %</td>
</tr>
<tr>
<td>34-Nebraska</td>
<td>$ 25</td>
<td>$ 200</td>
<td>$ 200</td>
<td>$ 75</td>
<td>$ 50</td>
<td>1/1998</td>
<td>501(c)(6)</td>
<td>0 %</td>
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<tr>
<td>35-Ohio</td>
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<td>$ 275</td>
<td>$ 140</td>
<td>1/1994</td>
<td>501(c)(6)</td>
<td>13 %</td>
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<tr>
<td>36-Oklahoma</td>
<td>$ 25</td>
<td>$ 230</td>
<td>$ 230</td>
<td>$ 152</td>
<td>$ 76</td>
<td>1/1994</td>
<td>501(c)(6)</td>
<td>0 %</td>
</tr>
<tr>
<td>37-Ontario</td>
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<td>$ 70</td>
<td>$ 70</td>
<td>$ 46</td>
<td>$ 24</td>
<td>1/1993</td>
<td>n/a</td>
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<tr>
<td>38-Pennsylvania</td>
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<td>$ 478</td>
<td>$ 313</td>
<td>$ 156</td>
<td>1/1994</td>
<td>501(c)(6)</td>
<td>36 %</td>
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<tr>
<td>39-Quebec &amp; Eastern Canada</td>
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<td>$ 50</td>
<td>n/a</td>
<td></td>
<td>n/a</td>
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<tr>
<td>40-Queens County</td>
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<td>$ 200</td>
<td>$ 133</td>
<td>$ 66</td>
<td>1/1993</td>
<td>501(c)(3)</td>
<td>$.40</td>
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<tr>
<td>New York State - Area 2</td>
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<td>$ 195</td>
<td>$ 195</td>
<td>$ 130</td>
<td>$ 85</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>41-Rhode Island</td>
<td>$ 25</td>
<td>$ 200</td>
<td>$ 200</td>
<td>$ 150</td>
<td>$ 75^</td>
<td>1/1993</td>
<td>501(c)(6)</td>
<td>0 %</td>
</tr>
<tr>
<td>42-Southern Carolina</td>
<td>$ 20</td>
<td>$ 150</td>
<td>$ 150</td>
<td>$ 265</td>
<td>$ 133</td>
<td>1/1993</td>
<td>501(c)(6)</td>
<td>0 %</td>
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<tr>
<td>Not on Centralized Billing</td>
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<tr>
<td>California - Area 6</td>
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<td>$ 398</td>
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<td>1/1993</td>
<td>501(c)(6)</td>
<td>55 %</td>
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<td>45-Tennessee</td>
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<td>$ 240</td>
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<td>$ 80</td>
<td>1/2000</td>
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<td>40 %</td>
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<td>$ 395</td>
<td>$ 264</td>
<td>$ 130</td>
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<tr>
<td>46-Texas</td>
<td>$ 20</td>
<td>$ 240</td>
<td>$ 240</td>
<td>$ 100</td>
<td>$ 50</td>
<td>1/2005</td>
<td>501(c)(6)</td>
<td>10 %</td>
</tr>
<tr>
<td>47-Virginia</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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- ® GMNEW Discount towards full GM rate to new and reinstating members who are out of Residency training for 7+ years.
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  - $0-10 Lower Income, $130-200 Middle Income, $210-Upper Income
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09/22/15
## 2016 APA NATIONAL DUES RATES

<table>
<thead>
<tr>
<th>Membership Category</th>
<th>U.S. Members</th>
<th>Canadian Members &amp; At-Large Mbrs Residing Outside the U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resident Fellow Member*</td>
<td>$105.00</td>
<td>$65.00</td>
</tr>
<tr>
<td>General Member/Fellow** (Year 1)</td>
<td>$145.00</td>
<td>$90.00</td>
</tr>
<tr>
<td>General Member/Fellow (Year 2)</td>
<td>$200.00</td>
<td>$125.00</td>
</tr>
<tr>
<td>General Member/Fellow (Year 3)</td>
<td>$260.00</td>
<td>$160.00</td>
</tr>
<tr>
<td>General Member/Fellow (Year 4)</td>
<td>$345.00</td>
<td>$210.00</td>
</tr>
<tr>
<td>General Member/Fellow (Year 5)</td>
<td>$430.00</td>
<td>$265.00</td>
</tr>
<tr>
<td>General Member/Fellow (Year 6)</td>
<td>$520.00</td>
<td>$315.00</td>
</tr>
<tr>
<td>General Member/Fellow (Year 7)</td>
<td>$575.00</td>
<td>$350.00</td>
</tr>
<tr>
<td>General Member/Fellow (Year 8+)</td>
<td>$575.00</td>
<td>$350.00</td>
</tr>
<tr>
<td>Distinguished Fellow &amp; Associate Member</td>
<td>$575.00</td>
<td>$350.00</td>
</tr>
<tr>
<td>FE, DF, GM, AM w/ at least 15 TYM &amp; 70 years of age</td>
<td>$380.00</td>
<td>N/A</td>
</tr>
<tr>
<td>Life Status (1-5 Years) Distinguished Life Fellow, Life Member, Life Fellow &amp; Life Associate</td>
<td>$380.00</td>
<td>$230.00</td>
</tr>
<tr>
<td>Life Status (6-10 Years) Distinguished Life Fellow, Life Member, Life Fellow &amp; Life Associate</td>
<td>$190.00</td>
<td>$115.00</td>
</tr>
</tbody>
</table>

*First year waived

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09/22/2015
## District Branch and Area Dues Rates - 2016

### As of 09/22/15

<table>
<thead>
<tr>
<th>DB Name</th>
<th>RFM</th>
<th>AM</th>
<th>GM/FE</th>
<th>DF</th>
<th>Life 1-5</th>
<th>Life 6 - 10</th>
<th>Assess</th>
<th>Began Life</th>
<th>Tax Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>48- Washington DC</td>
<td>$ 1</td>
<td>500</td>
<td>$ 500</td>
<td>150</td>
<td>$ 140</td>
<td>$ 70</td>
<td>1/2002</td>
<td>301(c)(6)</td>
<td>19%</td>
</tr>
<tr>
<td>49- Westchester County</td>
<td>$ 1</td>
<td>130</td>
<td>$ 195</td>
<td>195</td>
<td>$ 130</td>
<td>$ 65</td>
<td>1/1993</td>
<td>301(c)(6)</td>
<td>12%</td>
</tr>
<tr>
<td>New York State - Area 2</td>
<td>$ 1</td>
<td>150</td>
<td>$ 130</td>
<td>150</td>
<td>$ 130</td>
<td>$ 65</td>
<td>1/1993</td>
<td>301(c)(6)</td>
<td>0%</td>
</tr>
<tr>
<td>51- Western New York</td>
<td>$ 1</td>
<td>150</td>
<td>$ 195</td>
<td>195</td>
<td>$ 130</td>
<td>$ 65</td>
<td>1/2010</td>
<td>301(c)(6)</td>
<td>0%</td>
</tr>
<tr>
<td>52- Wisconsin</td>
<td>$ 1</td>
<td>150</td>
<td>$ 195</td>
<td>195</td>
<td>$ 130</td>
<td>$ 65</td>
<td>1/2003</td>
<td>301(c)(6)</td>
<td>42%</td>
</tr>
<tr>
<td>53- Western Canada</td>
<td>$ 1</td>
<td>150</td>
<td>$ 195</td>
<td>195</td>
<td>$ 130</td>
<td>$ 65</td>
<td>1/2003</td>
<td>301(c)(6)</td>
<td>40%</td>
</tr>
<tr>
<td>55- West Virginia</td>
<td>$ 1</td>
<td>150</td>
<td>$ 195</td>
<td>195</td>
<td>$ 130</td>
<td>$ 65</td>
<td>1/2003</td>
<td>301(c)(6)</td>
<td>40%</td>
</tr>
<tr>
<td>56- Central New York</td>
<td>$ 1</td>
<td>150</td>
<td>$ 195</td>
<td>195</td>
<td>$ 130</td>
<td>$ 65</td>
<td>1/2003</td>
<td>301(c)(6)</td>
<td>40%</td>
</tr>
<tr>
<td>57- Arizona</td>
<td>$ 1</td>
<td>150</td>
<td>$ 195</td>
<td>195</td>
<td>$ 130</td>
<td>$ 65</td>
<td>1/2003</td>
<td>301(c)(6)</td>
<td>25%</td>
</tr>
<tr>
<td>58- Oregon</td>
<td>$ 1</td>
<td>275</td>
<td>$ 275</td>
<td>275</td>
<td>$ 125</td>
<td>$ 90</td>
<td>1/2014</td>
<td>301(c)(6)</td>
<td>22%</td>
</tr>
<tr>
<td>59- Northern New York</td>
<td>$ 1</td>
<td>150</td>
<td>$ 195</td>
<td>195</td>
<td>$ 130</td>
<td>$ 65</td>
<td>1/2003</td>
<td>301(c)(6)</td>
<td>40%</td>
</tr>
<tr>
<td>New York State - Area 2</td>
<td>$ 1</td>
<td>150</td>
<td>$ 195</td>
<td>195</td>
<td>$ 130</td>
<td>$ 65</td>
<td>1/2003</td>
<td>301(c)(6)</td>
<td>40%</td>
</tr>
<tr>
<td>60- Alabama</td>
<td>$ 1</td>
<td>150</td>
<td>$ 195</td>
<td>195</td>
<td>$ 130</td>
<td>$ 65</td>
<td>1/2003</td>
<td>301(c)(6)</td>
<td>40%</td>
</tr>
<tr>
<td>61- Utah</td>
<td>$ 1</td>
<td>150</td>
<td>$ 195</td>
<td>195</td>
<td>$ 130</td>
<td>$ 65</td>
<td>1/2003</td>
<td>301(c)(6)</td>
<td>40%</td>
</tr>
<tr>
<td>62- Maine</td>
<td>$ 1</td>
<td>150</td>
<td>$ 195</td>
<td>195</td>
<td>$ 130</td>
<td>$ 65</td>
<td>1/2003</td>
<td>301(c)(6)</td>
<td>40%</td>
</tr>
<tr>
<td>63- North Dakota</td>
<td>$ 1</td>
<td>150</td>
<td>$ 195</td>
<td>195</td>
<td>$ 130</td>
<td>$ 65</td>
<td>1/2003</td>
<td>301(c)(6)</td>
<td>40%</td>
</tr>
<tr>
<td>64- San Diego</td>
<td>$ 1</td>
<td>150</td>
<td>$ 195</td>
<td>195</td>
<td>$ 130</td>
<td>$ 65</td>
<td>1/2003</td>
<td>301(c)(6)</td>
<td>40%</td>
</tr>
<tr>
<td>California - Area 6</td>
<td>$ 1</td>
<td>150</td>
<td>$ 195</td>
<td>195</td>
<td>$ 130</td>
<td>$ 65</td>
<td>1/2003</td>
<td>301(c)(6)</td>
<td>40%</td>
</tr>
<tr>
<td>66- Vermont</td>
<td>$ 1</td>
<td>150</td>
<td>$ 195</td>
<td>195</td>
<td>$ 130</td>
<td>$ 65</td>
<td>1/2003</td>
<td>301(c)(6)</td>
<td>40%</td>
</tr>
<tr>
<td>67- New Mexico</td>
<td>$ 1</td>
<td>150</td>
<td>$ 195</td>
<td>195</td>
<td>$ 130</td>
<td>$ 65</td>
<td>1/2003</td>
<td>301(c)(6)</td>
<td>40%</td>
</tr>
<tr>
<td>68- New Hampshire</td>
<td>$ 1</td>
<td>150</td>
<td>$ 195</td>
<td>195</td>
<td>$ 130</td>
<td>$ 65</td>
<td>1/2003</td>
<td>301(c)(6)</td>
<td>40%</td>
</tr>
<tr>
<td>70- Puerto Rico</td>
<td>$ 1</td>
<td>150</td>
<td>$ 195</td>
<td>195</td>
<td>$ 130</td>
<td>$ 65</td>
<td>1/2003</td>
<td>301(c)(6)</td>
<td>40%</td>
</tr>
<tr>
<td>71- Alaska</td>
<td>$ 1</td>
<td>150</td>
<td>$ 195</td>
<td>195</td>
<td>$ 130</td>
<td>$ 65</td>
<td>1/2003</td>
<td>301(c)(6)</td>
<td>40%</td>
</tr>
<tr>
<td>72- South Dakota</td>
<td>$ 1</td>
<td>150</td>
<td>$ 195</td>
<td>195</td>
<td>$ 130</td>
<td>$ 65</td>
<td>1/2003</td>
<td>301(c)(6)</td>
<td>40%</td>
</tr>
</tbody>
</table>

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<td>$265.00</td>
</tr>
<tr>
<td>General Member/Fellow (Year 6)</td>
<td>$520.00</td>
<td>$315.00</td>
</tr>
<tr>
<td>General Member/Fellow (Year 7)</td>
<td>$575.00</td>
<td>$350.00</td>
</tr>
<tr>
<td>General Member/Fellow (Year 8+)</td>
<td>$575.00</td>
<td>$350.00</td>
</tr>
<tr>
<td>Distinguished Fellow &amp; Associate Member</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FE, DF, GM, AM w/ at least 15 TMY &amp; 70 years of age</td>
<td>$575.00</td>
<td>$250.00</td>
</tr>
<tr>
<td>Life Status (1-5 Years) Distinguished Life Fellow, Life Member, Life Fellow &amp; Life Associate</td>
<td>$380.00</td>
<td>$230.00</td>
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<tr>
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<td>$190.00</td>
<td>$115.00</td>
</tr>
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As of 09/22/15

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<thead>
<tr>
<th>DB Name</th>
<th>RFM</th>
<th>AM</th>
<th>GM/TE</th>
<th>DF</th>
<th>Life 1-5</th>
<th>Life 6-10</th>
<th>Assess</th>
<th>Degan Life</th>
<th>Tax Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>73-Montana</td>
<td>$-</td>
<td>$220</td>
<td>$220</td>
<td>220</td>
<td>$220</td>
<td>$132</td>
<td>$56</td>
<td>1/2008</td>
<td>501(c)(3) 12</td>
</tr>
<tr>
<td>74-Nebraska</td>
<td>$-</td>
<td>200</td>
<td>200</td>
<td>200</td>
<td>200</td>
<td>132</td>
<td>56</td>
<td>1/2008</td>
<td>501(c)(3) 50 %</td>
</tr>
<tr>
<td>75-Wyoming</td>
<td>$-</td>
<td>200</td>
<td>200</td>
<td>200</td>
<td>200</td>
<td>132</td>
<td>56</td>
<td>1/2008</td>
<td>501(c)(3) 0 %</td>
</tr>
<tr>
<td>76-Orange County</td>
<td>72</td>
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<td>325</td>
<td>325</td>
<td>214</td>
<td>107</td>
<td>1/1994</td>
<td>501(c)(3) 0 %</td>
<td></td>
</tr>
<tr>
<td>California - Area 6</td>
<td>$-</td>
<td>390</td>
<td>390</td>
<td>390</td>
<td>265</td>
<td>133</td>
<td>1/2010</td>
<td>501(c)(3) 55 %</td>
<td></td>
</tr>
<tr>
<td>77-Uniformed Services</td>
<td>$40</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>66</td>
<td>33</td>
<td></td>
<td></td>
<td>501(c)(3) $0</td>
</tr>
</tbody>
</table>

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---

**Associate**

<table>
<thead>
<tr>
<th>Life Status (6-10 Years)</th>
<th>Distinguished Life Fellow, Life Member, Life Fellow &amp; Life Associate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$380.00</td>
</tr>
<tr>
<td></td>
<td>$230.00</td>
</tr>
</tbody>
</table>

1st year waived

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09/22/2015
APPENDIX K-3: FAQs ABOUT THE APA LUMP SUM DUES PROGRAM

1. **Why should I pay this amount of money to the APA?**

   The program is not for every member, but if you have the available cash it has two advantages:
   * no more annual APA national dues bills, and
   * lump sum dues are deductible as business expense

2. **How much is the tax deduction?**

   The deduction varies with a number of factors used in calculating the lump sum dues amount. The following table shows the lump sum dues payment, and the amount which may be deducted from your income as a business expense in the year in which the payment is made when calculating your Federal income tax liability.

<table>
<thead>
<tr>
<th>Member Age</th>
<th>Lump Sum Dues Payment</th>
<th>Amt Deductible</th>
</tr>
</thead>
<tbody>
<tr>
<td>30-39</td>
<td>$12,500</td>
<td>$9,750</td>
</tr>
<tr>
<td>40-44</td>
<td>$12,000</td>
<td>$9,360</td>
</tr>
<tr>
<td>45-49</td>
<td>$10,500</td>
<td>$8,190</td>
</tr>
<tr>
<td>50-54</td>
<td>$9,500</td>
<td>$7,410</td>
</tr>
<tr>
<td>55-59</td>
<td>$8,000</td>
<td>$6,240</td>
</tr>
<tr>
<td>60-64</td>
<td>$6,000</td>
<td>$4,680</td>
</tr>
<tr>
<td>65-69</td>
<td>$4,500</td>
<td>$3,510</td>
</tr>
<tr>
<td>70+</td>
<td>$4,000</td>
<td>$3,120</td>
</tr>
<tr>
<td>Life Status 60+</td>
<td>$5,500</td>
<td>$4,290</td>
</tr>
</tbody>
</table>

3. **Why can't I take a deduction for the full amount of the payment this year?**

   Some of your payments go toward direct members benefits, such as the subscriptions to Psychiatric News and The American Journal of Psychiatry. IRS rules require that these payments for "direct benefits" must be deducted in a small amount each year over the remaining years that you would have been paying APA dues.

   If you have any questions, we suggest you consult your accountant. If s/he has questions about the basis for this deduction, s/he may call the APA for further details.

4. **Do I still have to pay District Branch dues?**

   Yes. The APA Bylaws require that members of the APA must also be members in good standing of a District Branch. A member must continue to pay District Branch dues and assessments (including Area Council and Chapter dues, if applicable), unless granted an exemption by the District Branch.

5. **What if I refuse to pay District Branch dues?**

   Your membership in the District Branch may be terminated for non-payment of dues, and your membership in the APA would then be terminated as well. You would no longer receive APA benefits such as The American Journal of Psychiatry, Psychiatric News, member rates for registration at the Annual Meeting, etc.

6. **Do I become a Life Member or Life Fellow by paying the Lump Sum dues?**

   No. The status of Life Member or Life Fellow is reached only after the member's age and number of years of active (dues paying) membership total 95. A member who joined the APA as a resident in his/her late 20's will reach Life status in his/her early 60's. A member paying Lump Sum would be granted Life status when his/her age plus total years of active membership equals 95 points and his/her district branch dues would then be calculated at the Life rate.

7. **If there are future assessments, will I be required to pay them?**

   No. A member who pays lump sum dues is exempt from any further APA dues or APA assessments.

8. **I've already paid my current year dues. What effect will that have on my lump sum?**

   If you already paid your current year's national dues, that amount may be deducted from the Lump Sum payment if your Lump Sum payment is made prior to June 30th of the current year.

9. **I will reach Life status this year and will be eligible for a dues reduction of 33%. Why should I pay Lump Sum dues?**
Members continue to pay dues for 10 years after reaching Life status (Life members receive a 33% reduction for their first five years as a Life member, and then a 66% reduction for years six through 10 as a Life member) and thereafter will become dues-exempt.

<table>
<thead>
<tr>
<th>10. I am interested in the Lump Sum dues program, but I do not have the full amount now. Can I pay in installments?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, you can pay in two installments. The initial payment must be at least 50% of the Lump Sum amount. The second payment must be received within fifteen (15) months of the first payment. You will be charged a 10% financing fee on the second installment.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>11. How do I know the APA will have the money to provide my member benefits in the future if I make a lump sum payment now?</th>
</tr>
</thead>
<tbody>
<tr>
<td>The APA Board of Trustees has established an annuity-like fund into which Lump Sum dues payments will be deposited. The earnings from this fund will be used to pay the costs of your annual benefits.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>12. If I resign from the APA, do I get any of the Lump Sum dues back?</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. The money is an irrevocable contribution. It would not be returned under any circumstances. This is also true if you are expelled or your membership is otherwise terminated (i.e. for an Ethics violation, loss of license to practice medicine, etc.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>13. What if I die two years after making a Lump Sum dues payment? Could my estate recover any of the lump sum dues related to the membership benefits which I did not receive?</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. The Lump Sum dues amount is an irrevocable payment to the APA. The Lump Sum payment amounts have been adjusted downward to reflect the expected mortality prior to the time that a member would otherwise have reached Life status.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>14. Will I lose my membership if I fail to pay the balance due?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes. Members participating in the Lump Sum Dues program will have their memberships terminated if the balance owed is not paid, and other acceptable arrangements are not made.</td>
</tr>
</tbody>
</table>
The dues relief criteria outlined below shall apply to International Members and Fellows with the following exceptions: 1) the age criteria for the retired dues discount should reflect the mandatory retirement age of the member’s country of residence, and 2) psychiatrists in economically disadvantaged countries earning minimal salaries will be charged dues at the rate of one percent (1%) of his/her monthly salary with a $5 per year minimum rate.

Temporary Inactive Status
A member may apply for Temporary Inactive status when he/she is temporarily unable to meet financial obligations due to significant personal financial hardship (may include sabbaticals, educational pursuits, or other issues that do not fall within the newly established guidelines for dues reductions or waivers to be examined on their own merit). Temporary Inactive status is conferred by the Board of Trustees upon recommendation of the Membership Committee and is limited to the calendar year (January-December). Inactive Members/Fellows do not receive the publications of the Association except by subscription, nor do they receive credit toward the 95-point formula (Life status) for those years of Inactive Membership. A member must apply for Temporary Inactive status by June, otherwise he/she should apply for a dues reduction.

Permanent Inactive Status
A member may apply for a transfer to Inactive Member/Fellow status if he/she is unable to continue as an active member of the APA as a result of retirement, illness, (chronic or of long duration), or similar hardship. Inactive status is conferred by the Board of Trustees upon recommendation of the Membership Committee, usually when the member has a continuing or permanent condition which makes it difficult to meet his/her financial obligations. When a member applies to APA for Inactive status, the district branch is contacted in order to obtain its recommendation. A transfer to Inactive status is paralleled by a similar change in the member’s district branch membership. Inactive Members/Fellows do not receive the publications of the Association except by subscription, nor do they receive credit toward the 95-point formula (Life status) for those years of Inactive Membership.

Dues Reduction and Waivers
The APA and the District Branch may act independently of each other only with respect to dues relief. Requests for waivers and reductions of APA dues are granted on the recommendation of the Membership Committee to the Board, usually in instances where the member’s need is temporary. Effective January 1, 1997, there is a time limit of two consecutive years for dues relief unless extenuating circumstances exist. Members who petition for relief must provide supporting documentation as feasible. The District Branch is contacted for its recommendation. Waiver or reduction of national dues does not affect branch dues; conversely, a waiver or reduction of branch dues does not affect national dues obligations. Members who have been granted a waiver or reduction of dues by the Board will receive credit toward the 95-point formula (Life status) for the years the member is in the dues relief status.

Certain changes have already been made in regards to dues relief for young psychiatrists. These include a gradation of dues beginning with first year transition from RFM to GM and continuing for 7 years.

The Membership Committee and Board of Trustees have determined different levels of relief for different hardship categories, defined as follows:

- **Retirement**
  Members who are at least 70 years of age and fully retired (i.e., cannot be earning any income from the profession, including consulting work) are eligible for a 50% reduction of the member’s current billing rate. Members must apply by contacting the APA in writing or submitting a Retired Dues request form. APA will forward the information to the District Branch for recommendation before making any changes. If the DB does not respond within two months, APA staff will administratively adjust the APA dues. The information will be reported to the Membership Committee and the Board of Trustees for information only. Members receiving the Retired Dues reduction will continue to receive all benefits.

- **Retirement for International Members/Fellows**
  International Members/Fellows living in countries with a mandatory retirement age are eligible for a 50% reduction based on the mandatory retirement age. Members must request the reduction in writing.

- **Child Related**
  This category applies to new mothers, mothers-to-be (within six months) or fathers assuming primary parental responsibility with child-related reduced income generating workloads. Upon written request, there will be an automatic
12-month, 50% reduction of dues. In the event that there are documented serious physical or psychological problems, there may be a full waiver of dues for one year. An individual may request further relief for one more year.

- **Illness**
  This category applies to members with an illness who have been unable to work full-time for at least three months. Dues will be prorated as follows:

<table>
<thead>
<tr>
<th>Ability</th>
<th>Dues Reduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Able to work full time</td>
<td>No dues waiver</td>
</tr>
<tr>
<td>Able to work part-time, 20 or more hours/wk</td>
<td>20% dues waiver</td>
</tr>
<tr>
<td>Able to work part-time, less than 20 hours/wk</td>
<td>50% dues waiver</td>
</tr>
<tr>
<td>Unable to work at all</td>
<td>100% dues waiver</td>
</tr>
</tbody>
</table>

Reductions and waivers will be granted for one year only. Further dues relief would be considered for an additional year, with reasonable justification and documentation. Any additional requests for dues relief beyond the consecutive two-year limit will require special review and consideration.

- **Couples**
  Couples who are both gainfully earning income as psychiatrists will have the dues of each reduced by 15% upon request. Copies of AJP would be reduced by one. This 15% reduction is not subject to the consecutive two-year limit.

- **Financial Hardship**
  There will only be two dues relief levels whether due to divorce, alimony, child support, payment of college expenses for self or children, other family support obligations, repayment of loans, change of career path or special fiscal consideration.

<table>
<thead>
<tr>
<th>Justification</th>
<th>Dues Reduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low justification</td>
<td>30% dues reduction for one year</td>
</tr>
<tr>
<td>High justification</td>
<td>50% dues reduction for one year</td>
</tr>
</tbody>
</table>

If requested, reductions will be renewable for a second year after special review.

- **Financial Hardship for International Members/Fellows**
  Psychiatrists living in economically disadvantaged countries earning minimal salaries will be charged dues at the rate of one percent (1%) of his/her monthly salary with a $5 per year minimum rate.

- **Continuing Training**
  Members who pursue advanced training outside of the ACGME-, RCPS(C)-, or AOA- approved psychiatric residencies be eligible to continue as RFMs as long as they don’t exceed the six-year limit for being in the RFM category. This will include members who are training in epidemiology, nuclear medicine, neuroscience, ambulatory care, etc.

The above guidelines will be followed with as much uniformity and agreement as possible between the national Membership Committee and the District Branches. The District Branch is in the best position to evaluate the member’s financial and personal situation. It is important that recommendations to the national Membership Committee be made in a timely fashion. The District Branches are encouraged to include a broad range of alternatives, e.g., payment plans.

The national Membership Committee defers to the District Branches the development of mechanisms best suited to these situations in undertaking necessary fact-finding on member’s financial and personal difficulties. It is hoped that with the development and implementation of the aforementioned procedures that there will be significant concurrence between the District Branches and national Membership Committee which will lead to more equitable and more expeditious resolutions to these requests and subsequent improved satisfaction among the membership. Any inquiry into a member’s personal and financial situation should be undertaken with the utmost respect and tact to best ensure preservation of confidentiality.
Members should first exhaust the local appeals process. Should a request for reconsideration by the local Fellowship Committee fail, the member will appeal to the DB Council (even where the Fellowship Committee does not ordinarily report to Council). In the event local appeal does not provide satisfaction, the member may bring the matter to the attention of the Recorder of the Assembly. In light of available information, the Recorder will consult as necessary with the DB Council, and where indicated, with the DB Fellowship Committee.

Hopefully, such consultation and exchange of information will resolve the matter, but should this fail and the member requests him/her to do so, the Recorder will refer the problem to the APA Membership Committee where the matter will be resolved. Should the member still not have received satisfaction, final appeal may be had by request to the Board of Trustees.

This entire process is outlined in visual form in the table below:

| Step 1: DB Fellowship ----------------> (Approved) |
| Committee | |
| (Denied) | |

| Step 2: DB Council ----------------> (Approved) |
| (Denied) | |

| Step 3: Recorder of Assembly ---> (Approved) |
| (Denied) | |

| Step 4: Membership Comm. -------> (Approved) |
| (Denied) | |

| Step 5: Board of Trustees ----------------> (Approved) |
| (Denied) | Distinguished Fellowship Status |
APPENDIX L-1: GUIDELINES FOR APPROVAL OF DISTRICT BRANCH REQUESTS TO THE COMMITTEE ON JUDICIAL ACTION

(Formally Commission on Judicial Action)

FOR SUPPORT OF AN AMICUS BRIEF

(May 1989; revised December 2006)

1. The APA's Committee on Judicial Action (CJA) has limited funds available for the support of district branch involvement as amicus in litigation at state and federal district court levels.

2. Support ordinarily will be limited to a total of $10,000 or one-half the cost of the amicus brief, whichever is less.

3. When a district branch desires support from the CJA for an amicus brief, the CJA must be notified of the request in advance of submission of the amicus brief, with sufficient time for consideration of the request and, if appropriate, for input into the brief.

4. The requests should be accompanied by sufficient information to allow assessment of the request according to the parameters described below; it is the district branch's responsibility to solicit any additional information necessary for CJA action.

5. The request should indicate in as much detail as possible the position the district branch desires to take in the case. Once support is approved by the CJA, major deviations from this position should be accomplished only after consultation with the CJA.

6. Requests for support will be evaluated according to the following criteria:
   a) the importance of the issues addressed in the case for psychiatry as a whole, especially the likelihood of establishing precedents that may be adopted in other jurisdictions;
   b) the importance of the issues addressed in the case for the practice of psychiatry in the jurisdiction in question - in assessing this criterion, the opinions of the district branch will be given strong consideration;
   c) the likely impact of the brief on the litigation and/or on public opinion; and
   d) the conformance of the district branch position to existing APA policy.

7. District branches should be aware that final approval for APA support depends on approval by the Board of Trustees.

8. Amicus briefs produced with CJA support should be attributed to the district branch, unless express approval is obtained from the CJA for use of the name of the American Psychiatric Association as a co-sponsor.

9. Further information can be obtained from the Committee on Judicial Action, American Psychiatric Association, 1000 Wilson Blvd., #1825, Arlington, VA 22209-3901.
APPENDIX L-2: PROCEDURES FOR REVIEW OF DISTRICT BRANCH AND AREA REQUESTS TO THE COMMITTEE ON JUDICIAL ACTION

(formerly Commission on Judicial Action)
FOR SUPPORT OF THE COSTS OF LITIGATION
(March 1988)

1. Requests for support of district branch and area involvement in litigation should be directed to the Committee on Judicial Action, which will present them to the Board of Trustees with a recommendation for approval, disapproval, or modification.

2. Requests should be accompanied by sufficient information to allow assessment of the proposed legal intervention by the Committee according to the criteria described below; it is the district branch's or area's responsibility to solicit any additional information necessary for Committee action.

3. Requests must be made on a prospective basis - that is, in advance of incurring the legal costs for which support is sought, with sufficient time for the Committee and the Board to consider the request.

4. Requests for support will be evaluated according to the following criteria:
   a) the importance of the issues addressed in the case for psychiatry as a whole, especially the likelihood of establishing precedents that may be adopted in other jurisdictions;
   b) the importance of the issues addressed in the case for the practice of psychiatry in the jurisdiction in question - in assessing this criterion, the opinions of the district branch or area will be given strong consideration;
   c) the likely impact of participation in the case on the outcome and on public opinion;
   d) the conformance of the position proposed to be argued in the case to existing APA policy.

5. Support will be approved up to a maximum level determined by the Board of Trustees. If additional support is desired, requests for that support must be submitted prospectively to the Committee to allow the current status of the case and the appropriateness of the request to be reviewed.

6. If support is approved, it is the responsibility of the requesting district branch or area to keep the Committee informed of all developments in the case.

7. If support is approved, major deviations from the positions proposed to be taken by the district branch or area should be taken only following consultation with the Committee, which in its discretion may recommend review by the Board.

8. Unless otherwise indicated by the Board, APA support for a district branch's or area's participation in a legal case does not permit the use of the APA's name as a party to the case. Legal action should be taken only in the name of the district branch or area.

9. Further information can be obtained from the Committee on Judicial Action, American Psychiatric Association, 1000 Wilson Blvd., #1825, Arlington, VA 22209-3901.
APPENDIX M: COMPONENT ACCEPTANCE FORM

Please indicate whether or not you can accept appointment to an APA component by signing in the appropriate place and returning this form to: Appointments Coordinator, Association Governance, APA, 1000 Wilson Boulevard, Suite 1825, Arlington VA, 22209-3901 phone: 703-907-8523 fax: 703-997-1292 email: imhadji@psych.org

In accepting appointment to an APA component, I understand that I will receive no remuneration for my services, except that I will be reimbursed for component expenses in accordance with APA policy. Please note - Corresponding Members do NOT receive reimbursement.

I understand that I will be indemnified against any liability, including litigation expenses that might arise against me as a result of my good faith activities on behalf of the APA.

All Work Product created by the component or by me as a member of the component shall belong exclusively to APA and shall, to the extent possible, be considered a work made for hire for the APA within the meaning of Title 17 of the United States Code. To the extent the APA does not own such Work Product as a work made for hire and/or if state law deems me an employee because of the work made for hire provision or otherwise, I hereby assign to APA all rights to such Work Products, including but not limited to all other patent rights, publishing and copyrights, and trade secret rights. I agree to execute all documents reasonably requested by the APA to further evidence the foregoing assignment and to provide all reasonable assistance to the APA in perfecting or protecting the APA’s intellectual property rights.

I agree not to use or publish such materials without the written consent of the APA. Any request for such usage should be made in writing to the Chief Executive Officer/Medical Director.

I understand that the work of all APA components must reflect and work toward the aims of the Association.

☐ I ACCEPT the APA appointment listed below

☐ I CANNOT accept the APA appointment listed below

Signed____________________________________________ Date____________________

<table>
<thead>
<tr>
<th>Name</th>
<th>NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>APA ID:</td>
<td>Address Block</td>
</tr>
<tr>
<td>Component Name:</td>
<td>Phone:</td>
</tr>
<tr>
<td>Position on Component:</td>
<td>Fax:</td>
</tr>
<tr>
<td>Total Tenure as XXX:</td>
<td>Email:</td>
</tr>
<tr>
<td>President-elect</td>
<td></td>
</tr>
</tbody>
</table>

Address information will appear in the Directory of Components as printed in the box above. Please show changes in the lined spaces.

☐ Address information as printed in box is correct.

Address ______________________________________________
_____________________________ Check all that apply:
☐ home ☐ work
☐ use for Directory ☐ use for all APA communications

Phone __________________________ Check all that apply:
☐ home ☐ work
☐ use for Directory ☐ use for all APA communications

Fax __________________________ Check all that apply:
☐ home ☐ work
☐ use for Directory ☐ use for all APA communications

Email __________________________ Check all that apply:
☐ home ☐ work
☐ use for Directory ☐ use for all APA communications

Please also complete and return the enclosed “Disclosure of Interests and Affiliations”.

Your appointment to the above component is contingent on receipt of these forms
APPENDIX N: POLICIES & PROCEDURES FOR ADDRESSING & RESOLVING ALLEGATIONS OF SCIENTIFIC OR RESEARCH MISCONDUCT

One of the fundamental responsibilities of any research institution is assuring the integrity of its research data without interfering with the scientific process, without stifling creativity, or without regulating conformity. As such, a lack of integrity should not be confused with normal error. Errors are an integral feature of the scientific method and “are corrected by later research stimulated by the skepticism of other scientists. Error, however, is distinct from actions that directly compromise the integrity of the research process.” National Academy of Sciences, Responsible Science: Ensuring the Integrity of the Research Process 18 (1992).

These policies and procedures have been designed to help assure that allegations of misconduct are handled equitably and expeditiously and that both the accused and the accuser are accorded due respect and where possible, confidentiality.

Allegations of misconduct are serious and cannot be taken lightly by administrators or scientists. The misconduct process should not be initiated merely as a way of resolving personal or professional disputes, or honest disputes over the interpretation of data. Where federal funds are involved, the misconduct process is governed by federal law and severe federal sanctions can pertain.

The policies and procedures set out below apply to any person who is involved in research while an employee, contractor, or grantee of APAF or APA. Where an individual is an employee of another institution and the research falls within the course and scope of the individual’s employment relationship with that other entity, APAF or APA may advise the employer of the allegation and may request that the employer take the lead in resolving the allegation according to its own policies, procedures and definitions.

I. Definitions of “Scientific Misconduct” and Related Terms

Currently, the definition of “scientific misconduct” that applies to Public Health Service Act (“PHS Act”) funded research (e.g., NIH, SAMSA) is undergoing change. The White House Office of Science and Technology Policy (“OSTP”) recently issued a new definition for the term “research misconduct.” See 65 Fed. Reg. 76,260 (Dec. 6, 2000). The new OSTP definition, once adopted by the funding agencies, will govern all federally funded research. In the interim, however, PHS funded research is governed by the current PHS definition at 42 CFR Part 50, subpart A. APAF believes that the OSTP definition better reflects the current thinking in the field than does the soon to be modified PHS definition adopted in 1989. Accordingly, for non-federally funded research and for certain federally funded research, APAF will use the following definition of scientific misconduct modeled on the OSTP definition:

A. Definitions for Non-Federally Funded Research and Certain Federally Funded Research

1. “Scientific Misconduct,” also known as “Research Misconduct,” means fabrication, falsification, or plagiarism in proposing, performing, or reviewing research, or in reporting research results. Research misconduct does not include honest error or differences of opinion, nor does it include disputes over authorship credit or publication etiquette, unless the matter involves plagiarism.
2. “Fabrication” is making up data or results and recording or reporting them.
3. “Falsification” is manipulating research materials, equipment, or processes, or changing or omitting data or results such that the research is not accurately represented in the research record.
4. “Plagiarism” is the appropriation of another person’s ideas, processes, results, or words without giving appropriate credit. To constitute plagiarism with respect to ideas, processes, or results, the material converted must, when judged by those in the discipline, materially and significantly affect the article, writing, or presentation. To constitute plagiarism with respect to expression (i.e., writing), the expression converted (1) must carry significance to those in the discipline independent of the underlying idea, process or result, (2) must be substantially verbatim, and (3) must not be trivial in length.
5. To constitute research misconduct there must be a finding supported by a preponderance of the evidence that the accused acted with intent to deceive.
6. The definition in paragraph 1 shall apply to non-federally funded research or to research funded by a federal agency that either lacks a rule on scientific misconduct or has implemented a definition that is substantially similar to the definition noted in paragraph 1. The definitions in paragraphs 2-4, above, and the limitation set forth in paragraph 5 shall apply to all research, even research that is PHS funded, unless the rules of the federal
funding agency require a different definition for that operative term or state of mind (i.e., intent) in which case the government mandated provision will pertain.

B. Definition for Federally Funded Research

Where research is federally funded, APAF will use the funding agency’s definition of “scientific misconduct” or “research misconduct” that was in effect at the time of the alleged transgression. If the agency has no definition in place, then APAF shall apply the definition set forth in paragraph A, section 1, above. Definitions of other terms (e.g., fabrication, falsification, plagiarism) will be governed by paragraph A, above. Currently, PHS defines “misconduct in science” as fabrication, falsification, plagiarism, or other practices that seriously deviate from those that are commonly accepted within the scientific community for proposing, conducting, or reporting research. It does not include honest error or honest differences in interpretations or judgments of data.

42 CFR § 50.102.

Authorship disputes and other matters relating to the ethics of publication (e.g., minimal publishable unit, duplicative publication) do not fall within either the PHS definition or the APAF definition set forth in Paragraph A, above.20

II. Process for Resolving Allegations of Misconduct

The procedures set forth below apply to all APAF or APA research irrespective of funding source unless the government agency funding the research lawfully requires different procedures in which case those procedures will pertain. As outlined below, the process for resolving allegations of misconduct is divided into three stages—a triage-like fact-finding stage, known as the “Inquiry;” a formal fact-finding stage, known as the “Investigation;” and a resolution phase.

The entire process shall operate under the aegis of the CEO/Medical Director of the American Psychiatric Association who may delegate that responsibility to the Executive Director or the Research Director of APA or Research Director of APA. However, if the Research Director is involved in the research in question, whether as a result of being the Principal Investigator or otherwise, then the CEO/Medical Director of the American Psychiatric Association shall not delegate his responsibilities under these policies. Reference to the “Director” throughout these policies is to be interpreted as reference either to the CEO/Medical Director or to the Executive Director depending on whether a delegation has been effectuated.

A. Inquiry

1. Nature of Inquiry

An Inquiry is an initial fact-finding process designed to determine whether there is credible evidence to support the allegation against an APAF and APA employee, researcher, or other within APAF’s or APA’s jurisdiction.

2. Appointment of Inquiry Committee

When an allegation of “research misconduct” governed by these rules is brought to APAF’s or APA’s attention, the Director shall promptly notify in writing the researcher, employee, or other of the charges and shall provide him or her (“accused” or “respondent”) with a copy of these policies and procedures, and shall attempt to ensure that all relevant data, specimens, laboratory notebooks, and other information are safe, secure, and under the control of the Director. Thereafter, the Director shall appoint an ad hoc committee (“Inquiry Committee”), usually selected from APAF’s Council on Research, to conduct an Inquiry. In making the selections, the Director shall ensure that none of the putative members of the Inquiry Committee has a conflict or the appearance of a conflict with either the accused or accuser and further, that the Committee has the appropriate expertise to carry out a thorough and

20 In a 1998 ORI Newsletter, the agency noted that many disputes in science are over authorship and credit for ideas and work among collaborators and coworkers. ORI does not consider such disputes under the definition of scientific misconduct, while the National Science Foundation staff does.

ORI Newsletter, Volume 6, No. 2, March 1998; see also Office of Research Integrity, WHICH OFFICE HANDLES WHAT TYPE OF RESEARCH ABUSE (reaffirming that issues of “authorship responsibilities” fall outside the PHS definition).
authoritative evaluation of the relevant evidence. There may be circumstances where Director deems it appropriate to entrust the Inquiry to a single person.

3. Procedures

The Inquiry Committee shall adopt such procedures as it deems appropriate for the efficient gathering of facts and preservation of evidence. The Inquiry Committee should usually provide the accuser and the accused with an opportunity to appear before it and present information. However, to maintain confidentiality and the free flow of information, the hearing shall be closed and as a result, neither the accused nor the accuser shall be permitted to attend except when called by the Committee to provide information. Given the informal and preliminary nature of the Inquiry, the Committee may limit the role of counsel and may decline to record the proceedings.

4. Inquiry Committee Report

The Inquiry Committee shall complete its written report within 60 days from the date the accusation was brought to the Director’s attention, unless circumstances clearly warrant a longer period. The report shall, among other things, describe the evidence that was reviewed, summarize the relevant interviews, and present a recommendation as to whether an Investigation is warranted and if so, the issues to be investigated. The report should also delineate the basis for the recommendation. The individual against whom the allegation was made shall be given a copy of the Inquiry Committee’s report. If he or she comments on that report, the written comments will be made part of the record. If the Inquiry takes longer than 60 days to complete, the record of the Inquiry shall include documentation of the reasons for exceeding the 60-day period. The report and the accused’s comments shall be forwarded to the Director.

5. Action of the Director

The Director, taking into account the Inquiry Committee’s report and any comments thereto shall take one of three actions: (1) render a decision that is consistent with the recommendation of the Inquiry Committee; (2) render a decision that is inconsistent with the recommendation of the Inquiry Committee; or (3) remand the matter to the Inquiry Committee with directions to conduct additional fact-finding. In the event that the Director decides that no further proceedings are warranted and that decision is contrary to the recommendation of the Committee, the Director shall set out in the basis for his or her conclusion.

In the event that the Director decides that there is insufficient evidence to proceed further or that the allegations do not, as a matter of law, constitute misconduct in science, the Director shall promptly so notify both the accused and the accuser, shall provide a copy of the final report to the accused, and shall close the matter.

In the event that the Director decides that there is sufficient evidence to proceed further, he or she shall notify the accused providing a copy of his or her decision and shall promptly empanel a committee to conduct an Investigation. Where required by contract or by law, the Director shall notify the office in the funding entity or agency with jurisdiction to receive such information (e.g., Office of Research Integrity in the case of PHS Act funded research) that an Investigation is about to be undertaken and shall provide such other information as may be required.

B. Investigation

1. Nature of Investigation

An Investigation is a formal fact-finding proceeding designed to determine whether an individual has committed scientific misconduct.

2. Appointment of Investigation Committee

When an Investigation is required by these rules, the Director shall promptly appoint an ad hoc committee (“Investigation Committee”) of at least three (3) individuals, usually selected from APAF’s Board of Directors, to conduct the Investigation. In making the selections, the Director shall ensure that none of the putative members of the Investigation Committee has a conflict or the appearance of a conflict with either the accused or accuser
and further, that the Committee has the appropriate expertise to carry out a thorough and authoritative evaluation of the relevant evidence.

3. Procedures

The Investigation Committee shall adopt such procedures, as it deems appropriate for the efficient gathering of facts and preservation of evidence. These procedures may differ from the procedures used by the Inquiry Committee. With leave of the Committee, each witness may be accompanied by counsel whose fees and expenses shall be the sole responsibility of the witness. The Investigation Committee shall review all relevant evidence, shall take testimony from any person with relevant information, and shall provide the accuser and the accused with an opportunity to appear before it, to present information, and to answer questions. The accused and the accuser may suggest the names of relevant witnesses to be interviewed by the Committee and where practical, the Committee shall endeavor to interview those witnesses.

The Committee is neither precluded from recording nor required to record the testimony of any witness, but shall endeavor to establish a recording policy before witnesses are interviewed and that policy shall, where practical, apply to the testimony of all witnesses. To maintain confidentiality and the free flow of information, the hearing shall be closed and as a result, neither the accused nor the accuser shall be permitted to attend except when called by the Committee to provide information. However, whenever possible, complete summaries of these interviews shall be prepared, provided to the interviewed party for review and revision, and included as part of the investigative file. The Committee may also solicit comments from one witness about the testimony of any other witness.

4. Investigation Committee Report

The Investigation Committee shall complete its written report within 90 days from the date the Investigation was initiated, unless circumstances clearly warrant a longer period. The written report shall describe the policies and procedures under which the investigation was conducted, how and from whom information was obtained relevant to the investigation, the findings, and the basis for the findings, and include transcriptions or accurate summaries of the testimony of each witness who appeared before the Committee.

The individual against whom the allegation was made shall be given a copy of the report, and also, each individual who raised the allegation should be provided with those portions of the report that address his or her role in the investigation and opinions. Each accused and each accuser shall be afforded a reasonable opportunity to comment on the report or portions of the report provided to them, as the case may be. All written comments will be made part of the record. The report and all comments thereto shall be transmitted to the Director. Where the Committee finds that the accused has committed misconduct, the Committee may recommend appropriate sanctions. However, only the Director has authority to render a final decision of APAF or APA or to impose sanctions.

If the investigation through completion of the report will likely take longer than 90 days, the Committee shall notify the Director and provide the Director which such information as may be requested by the Director.

C. Final Resolution by the Director—Adjudication

The Director, taking into account the Investigation Committee’s findings, report, and any comments thereto, shall adopt the findings and report as the decision of APAF or APA or modify the same. If the Director exercises his or her prerogative to modify the findings or the report, he or she shall prepare a separate report that in addition to making findings shall fully document the reasons for departing from the findings of the Committee.

If the Director finds that the accused committed misconduct, then the Director shall impose an appropriate sanction. The decision of the Director both respect to culpability and sanction shall be communicated to the accused and shall be the final decision of APAF or APA with respect to the matter. As discussed below, the Director shall provide the APAF or APA findings and report, and letter of sanctions, if any, to any federal agency with jurisdiction over the matter within the time limits set by that agency for conducting such investigations.

The Director shall issue his decision within 120 days of the start of the Investigation. However, nothing in these
procedures is designed to prevent the Director from requesting of the agency additional time to complete the investigation and report, or extending the 120-day period on his or her own initiative where necessary and not precluded by law.

III. Reporting Findings of Investigation and Issuing Communications

A. Communications

All communications concerning any inquiry or investigation, including filing reports with funding entities, shall be handled exclusively by the Director.

B. Reporting

The Director shall only report such information as is required by those agreements pursuant to which the research in question was funded. Accordingly, by way of example, the Director shall provide such reports to the Office of Research Integrity or the Office of Inspector General as required by regulation (see 42 CFR Part 50, subpart A), if the research in question was funded under the Public Health Service Act.

C. Rehabilitation and Protections

In the event that there a finding at any stage that an accused did not commit misconduct, APAF or APA in cooperation with the accused shall undertake diligent efforts, as it deems appropriate, to restore the reputation of the accused. APAF or APA shall also undertake diligent efforts, as it deems appropriate, to protect the positions and reputations of those who in good faith have lodged allegations of misconduct.

IV. Interim Actions

A. Notifications

As required by law, the Director shall notify the appropriate office in the funding agency if any of the following conditions exist: (1) There is an immediate health hazard involved; (2) There is an immediate need to protect federal funds or equipment; (3) There is an immediate need to protect the interests of the person(s) making the allegations or of the individual(s) who is the subject of the allegations as well as his/her co-investigators and associates, if any; (4) It is probable that the alleged incident is going to be reported publicly; (5) There is a reasonable indication of possible criminal violation. Where it appears that the incident is going to be publicly reported, the Director may issue appropriate press releases or statements about the case and take such other action as may be necessary to protect the integrity of the process.

B. Other Actions

The Director may take such other interim actions as may be necessary (i) to protect federal, private or institutional funds, (ii) to protect the integrity of the process established by this document, (iii) to ensure the accuracy of about to be published research results that may be implicated in the Inquiry or Investigation, (iv) to protect the interests of the accused, accuser, or other interested person, or (v) to protect the welfare of any person participating as a subject in a clinical trial.
APPENDIX O: CONTINUING MEDICAL EDUCATION MISSION STATEMENT


The goal of the APA continuing medical education program is to engage psychiatrists, both members and non-members, and other practitioners in educational activities in order to improve patient care. Such educational activities will address established knowledge and emerging new scientific knowledge, research, technical advances, and clinical practice. All programs will be provided in an environment which encourages lifelong learning in psychiatry.

The APA will accomplish these goals by the following means:

A. Dissemination of this knowledge through major publications, national scientific meetings, and a variety of enduring materials, including online activities and journal-based CME.

B. Encouragement of CME programs at the District Branch level through joint sponsorship of District Branches with appropriately trained representatives.

C. Education of members in ethical standards and their application in various clinical settings.

D. Ongoing assessment of member needs and of the effectiveness of the programs offered.

E. Delivery of programs that address the integration of knowledge from various disciplines, as applicable to the clinical practice of psychiatry.

F. Creation of innovative programs of individualized study and self-assessment.

G. Development of specific educational programs for candidates preparing for certification and Maintenance of Certification (MOC), which incorporate evolving ABPN requirements.

H. Creation of educational activities that promote and maintain competence.

I. Exploration of new methodologies for assessing knowledge attainment and measuring practice improvement.

J. Regular review of application of new assessment technologies.
APPENDIX P: POSITION STATEMENT - SUBMISSION AND TRACKING FORM

[NOTE: In March 2006, the Board of Trustees approved a recommendation from the Joint Reference Committee to sunset the Editor-in-Chief APPI/APPI Editorial Advisory Committee or EAC, with the suggestion that the Medical Director consider forming a small and efficient Editorial Services Committee with technical editorial expertise. If and when such a committee is formed, it will replace references to the EAC in this appendix and in Chapter Three.]

The document submission should consist of **three (3) parts**:
- Proposed position statement;
- Background information on the issue (separate document);
- Recommendations stemming from the position statement, if relevant (separate document).

**Position Statement** (elements to be included)

<table>
<thead>
<tr>
<th>Title (e.g. “Publication of Findings from Clinical Trials”)</th>
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<table>
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<tr>
<th>Issue: (A brief paragraph outlining the issue and its relevance to the APA vision and mission)</th>
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<tr>
<th>APA Position: (In bold, a concise statement of APA position)</th>
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<tr>
<th>Authors: (component and/or members developing the Position Statement)</th>
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<tr>
<th>Adoption Date:</th>
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CRITERIA FOR EVALUATING POSITION STATEMENTS

Any council reviewing a position statement for recommendation for retention, retirement, or revisions should provide a written statement as to the reasons for their recommendation.

The following are guidelines the council may want to use in making their decision for retention, retirement, or revision. These are suggestions and a council may have other reasons which should be stated in their report.

1. The Position Statement is current, relevant and should be retained
2. The topic of the current Position Statement is no longer relevant because of scientific developments (i.e. bromides)
3. There have been changes in healthcare delivery methods or in the healthcare system which make the subject and current Position Statement no longer relevant
4. There have been changes in laws, legal systems, or licensures which make the current Position Statement no longer relevant
5. Standard psychiatric practice as reflected by APA guidelines have changed making the current Position Statement no longer relevant
6. Political or social trends have significantly changed making the current Position Statement no longer relevant
7. There have been subsequent or conflicting changes in APA policy or code of ethics making the current Position Statement no longer relevant

If the council recommends that the Position Statement be revised, the council (or its components) should revise the Position Statement and submit it to the JRC as an action item with a request to retire the Position Statement to be replaced by the revision. If the council recommends that the Position Statement should be revised, but believes that the council (or its components) are not the appropriate revising body, a recommendation for revision indicating to whom the revision should be referred to should be sent to the JRC. Any council reviewing a position statement for recommendation for retention, retirement or revisions should provide a written statement as to the reasons for their recommendation.

REVIEW PROCEDURES AND PUBLICATION VEHICLE “MENU” FOR DIFFERENT CATEGORIES OF APA PUBLICATIONS

<table>
<thead>
<tr>
<th>Review Procedures</th>
<th>Publication Vehicles</th>
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</thead>
<tbody>
<tr>
<td>1. Editor-in-Chief APPI/APPI Editorial Advisory Committee</td>
<td>a. AJP Official Actions</td>
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<tr>
<td>2. Anonymous expert peer review</td>
<td>b. Peer-reviewed journals (including but not limited to AJP)</td>
</tr>
<tr>
<td>3. Component</td>
<td>c. Psychiatric News</td>
</tr>
<tr>
<td>4. Joint Reference Committee</td>
<td>d. APA-published monograph or book</td>
</tr>
<tr>
<td>5. Board of Trustees</td>
<td>e. APPI-published monograph or book</td>
</tr>
<tr>
<td>6. Assembly</td>
<td>f. Electronic (e.g., APA Website)</td>
</tr>
<tr>
<td>7. Other external</td>
<td>g. Other publisher (with Board of Trustees prior approval)</td>
</tr>
<tr>
<td>8. Other internal</td>
<td>*Position Statements and Resource Documents are posted to the APA Website/Policy Finder unless outside publication is approved.</td>
</tr>
</tbody>
</table>
APPENDIX Q: NOMINATION PROCEDURES FOR OFFICES IN INTERNATIONAL ORGANIZATIONS

WPA Zonal Representative Nominations
At the March 2011 Board meeting, the Board of Trustees voted to approve nomination procedures for the World Psychiatric Association (WPA) Zonal Representative. The President and President-elect, in consultation with the Board of Trustees, will determine nominees for the WPA Zonal Rep.

Suggested Nomination Procedures for Other International Organizations
International Organizations in which APA is a member should be contacted each year to ascertain whether or not there is opportunity in the coming few years to nominate candidates for office in said organization.

When it appears that such possibilities exist, Psychiatric News and other APA publications will be asked to include a ‘call for nominations’ whereby APA members will be invited to submit an expression of interest in being nominated for positions by the APA with specific deadlines by which time the requests should be received.

When requests for consideration are received by the APA, they will be shared with whatever component is designated to undertake this responsibility. The component will bear responsibility for asking questions of the candidates and making sure that all relevant materials are in order. The APA will ordinarily nominate only those who are members of the Association and this will be highlighted throughout the process.

After such time, the component will make recommendations to the APA Board of Trustees, including all background materials. The APA Board of Trustees will make the final decision as to if nominations will be sent to the international organization in question and, if so, the individuals who will be nominated.

Background
Aside from the WPA Zonal Rep nominations, the APA has never had a systematic method of nominating individuals for positions in international organizations. However, the APA does put an advertisement in Psychiatric News inviting members to request appointments to APA components each year, to nominate APA members for office in the Association, and there is the following policy related to nominations for the American Board of Psychiatry and Neurology:

The APA President nominates candidates for each vacancy on the ABPN according to the following process: APA Division of Education staff requests from ABPN a confidential list of examiners and senior examiners for review by the Chairperson of the Council on Medical Education and Lifelong Learning and the Director, Division of Education who may also contact APA Council chairs and other organizations to suggest potential nominees. Voting council members, the Director of the Division of Education, and the APA President rank the top five, based on standard selection criteria. ABPN may choose one of these nominees but is not obligated to do so. As part of the selection process, candidates for APA nomination for an initial term as an ABPN Director may be asked to respond to a series of questions related to their potential performance on the ABPN. The following guidelines apply to candidates for nomination as Director of the ABPN for reelection to a second term: (a) nomination for reelection is not considered automatic; (b) the Director’s performance should be evaluated informally giving consideration to participation in committees and activities of the ABPN as well as in committees and activities of the APA; and (c) Directors who are eligible for a second term should be renominated by the APA, unless there is some concern about the incumbent’s participation in relevant activities. Incumbents may be asked to respond to the questions prepared by the APA for potential nominees to the ABPN.
APPENDIX R: CAUCUSES - FRAMEWORK FOR ESTABLISHMENT AND OPERATION

Definition
A caucus is defined as a group of self-selected special interest psychiatrists, formed at no or low cost to the APA, for whom there is no other vehicle or subspecialty organization already relating to the APA.

Purpose
The purpose of an APA caucus is to promote communication and networking among psychiatrists/members of the association who share a special interest; and to provide a voice to the association members who share a common interest so that they may bring to the association's attention important or emerging issues that will affect patient care and the practice of psychiatry within that special interest area (radar screen).

Requirements
- To form a caucus, a minimum of 10 APA members must indicate their interest (in writing) in joining a caucus.
- Recommendations for new caucuses are reviewed and approved by:
  - the Joint Reference Committee;
  - the council to which a caucus may be assigned or the Assembly Executive Committee if a caucus will be assigned to Assembly; and
  - the Board of Trustees.
- Caucuses operate under the oversight of an identified APA Council or the Assembly. This oversight includes having Council members or staff determine whether caucuses are maintaining the 25 member minimum. Council members or staff attending caucuses also serve as a resource on APA policy and operations.
- The Joint Reference Committee determines whether a caucus will be assigned to a specific council or to the Assembly.
- During the initial year of the caucus, the President, with consultation from the chair of the designated APA oversight component (either Assembly or council), appoints a leader(s) for a one-year term; and in the second year, the caucus members elect a leader.
- By the end of the first two years, the caucus must demonstrate that a minimum of 25 APA members have registered for the caucus list serve. This is established by asking APA members or staff to circulate an attendance sheet at the caucus meeting. Once the caucus can demonstrate they have achieved the 25 APA member minimum requirement, they can request that a list serve be established at APA expense (approximately $500 - $600) for the use of the caucus. The list serve would be open to any APA member who is also a member of the caucus.
- Caucuses may meet at the Annual Meeting or the Institute on Psychiatric Services at no cost to the APA.
- No caucus may speak on behalf of the American Psychiatric Association.
- No caucus may request outside funding for any activity without the specific written approval of the APA CEO and Medical Director.
American Psychiatric Association

**FINANCIAL STATEMENT, DISCLOSURE OF AFFILIATIONS AND CONFLICT OF INTEREST POLICY**

Revised by the Board of Trustees March 20, 2016

The American Psychiatric Association (APA) has adopted the following policy regarding financial statement, disclosure of affiliations and conflict of interest. These procedures will be followed to ensure the integrity of the APA’s policies, positions, publications and other services.

1. The APA encourages participation of all members and requested outside experts in its activities.
2. The APA believes that maximum transparency regarding participants’ affiliations and interests is in the best interest of the Association and the profession.
3. If an identified affiliation or interest creates an apparent or potential conflict within the guidelines presented below, an individual may still be able to participate in the activities of a committee, work group, component or other APA entity as long as the affiliation or interest is fully disclosed to the members of that APA entity and the Association. When an interest or affiliation may present a conflict of interest, the individual will be expected to recuse him/herself from the relevant discussion and any vote which results from the discussion.
4. Oral disclosure of interests is required of all participants before all meetings. This includes, but is not limited to: the Trustees of the c6 and c3 Boards, the Assembly, Councils, Committees, Task Forces, and work groups. Oral disclosure should also occur at all meetings if any new activity presents potentially competing interests that might conceivably affect the work to be undertaken by those gathered. Written disclosure forms are available upon request to the chairperson of each entity prior to each meeting.
5. Participants in APA activities are required to disclose interests and affiliations related to the field of psychiatry for the last three calendar years and the current year on an annual basis (January 1st to December 31st) for the tenure of participation. This includes candidates for national office whose disclosure forms should be made available to the Nominating Committee.
6. Participants will be required to disclose all forms of financial support, commercial involvements, or other financial involvements related to the field of psychiatry whether or not the participant thinks that the involvement represents a conflict of interest. This includes, but is not limited to, primary source of income and/or employment, institutional or corporate affiliations, pharmaceutical or device company support, paid consultancies, stock ownership or other equity interests (including exchange-traded funds geared specifically to pharmaceutical or medical device companies), patent ownership, research support, advisory committee membership, publication or other royalties, speaking or writing honoraria, expert testimony, funds for travel, interest in patents, instruments and measurement scales, technologies (including software companies), and individual or group incorporated or unincorporated private practice sources.
7. Participants will also be required to disclose uncompensated affiliations related to the field of psychiatry. These will include, but not be limited to, positions of influence (i.e., Trustees, Board Member) in non-profit, professional or consumer advocacy organizations and for-profit industry.
8. Participants will be required to disclose such affiliations for immediate family members who are defined as a spouse/significant other or dependent children.
9. Except as otherwise provided for in APA policies or mandated by law, the financial information (i.e. dollar amounts) set forth in the Disclosure Form (and in any subsequent oral or written disclosures, modifications or supplements hereto) is submitted to APA on a confidential basis and solely for the purposes stated herein. The financial (i.e. dollar amounts) information in the disclosures will be maintained by APA as proprietary and confidential. The APA will limit disclosure of the information to those who need it and will not disclose it or provide it to any other person or entity without the prior written consent of the undersigned or action by the APA Board of Trustees authorizing such disclosure. Notwithstanding the foregoing, the undersigned acknowledges and agrees that neither APA nor any of its affiliates will have any liability arising from any disclosure or use of the information in the Disclosure Statement as contemplated herein or any inadvertent disclosure thereof.
10. The APA has three (3) tiers of disclosure.
**Tier #1**: During tenure of participation, participants and their spouses are required to limit direct compensation to no more than $5,000 in total annually from pharmaceutical companies/device makers/biotechnology companies and similar industry entities (“industry sources”) for direct services such as consultancies, advisory committee positions, forensic assistance, speakers’ bureau services, etc. (This does not include indirect donations to clinical practices, hospitals, nonprofit organizations, managed care organizations, university-based lectures, industry-sponsored research support, and similar activities).

Neither participants nor their spouses should hold stock or shares worth more than $50,000 in the aggregate in or received more than $10,000 annually in the aggregate in dividends from such industry sources. Stocks in shares held in mutual funds, pension or retirement funds, blind trusts and similar arrangements over which participant and their spouses do not exercise direct control do not count toward these limits.

Absent approval from the Board of Trustees, participants at this level should be willing to divest themselves of any ownership or interest in or compensation from these industry sources above the limits set forth for the period of their appointment to the APA groups noted below. Full disclosure is required from the time of appointment or election forward. (N.B. All new appointments/reappointments after March 14, 2015 must conform to the $5,000 threshold. Prior appointments shall be exempt from the new limits until the next annual disclosure date.)

The majority (fifty-one percent or more) of a Group in Tier #1 must comprise individuals who have no conflicts of interest.

If a potential appointee fails to meet a BOT guideline for service on the Committees in Tier #1, thus creating the presumption that she/he will not be appointed, the BOT may approve the appointment notwithstanding if there are compelling reasons for it, including e.g., the inability to locate critical expertise elsewhere. The reasons must be provided by the person seeking the appointment to the BOT in writing and the recommendation to appoint the individual should include specific methods to manage the conflict of interest in order to protect the integrity of the products produced and of the APA.

Tier #1 includes:

- DSM Steering and Review Committee members; Practice Guideline Executive and Steering Committees; Chairpersons and Vice-Chairpersons of the Practice Guideline Workgroups.
- The Chairpersons or Co-chairpersons of the DSM groups and Practice Guidelines groups should ideally not have any conflict of interests.

**Tier #2**: Full disclosure is required from the time of appointment, election, or publication forward.

- Board of Trustees, Editors of American Psychiatric Publishing (APP) and American Psychiatric Association Foundation (APAF); and candidates for national office; Authors of books published by APP, APA sponsored meetings presenters, Assembly members, Assembly Executive Committee, APA Components (Councils, Committees, Task Forces, Work Groups) DSM advisors, Practice Guideline Work Group members, and Practice Guidelines consultants.

**Tier #3**: Full disclosure is required from Employees at the time of hiring. Oversight of the process is provided by relevant executive level staff for the APA, including any additional disclosures, limits or publication of the disclosure information.

11. If it is determined that an individual in Tiers #1 or #2 has failed to disclose an interest or has misrepresented an interest on their disclosure form, the matter will be reviewed by the Conflict of Interest Committee which will forward recommendations for appropriate action to the Board of Trustees.

12. Participants are required to update their disclosure of affiliations and interests form annually (see #5 above). However, if any affiliation or interest exceeds the $5,000 limit set for Tier #1 prior to annual revision of the disclosure form, this should be reported immediately.
**American Psychiatric Association**

**Financial Statement, Disclosure of Affiliations and Interests Form**

Approved by the Board of Trustees March 20, 2016

Name: __________________________ Telephone: __________________________

Address: ___________________________________________________________________

_____________________________________________________________________

Email: _____________________________________________________________________

**INSTRUCTIONS:**

Please read these instructions carefully.

APA's goal is to ensure **maximum transparency** and **maximum disclosure** of any perceived, apparent or even remotely possible conflict of interest and request that you disclose accordingly. Please complete this form and return it to APA Governance, ATTN: Laurie McQueen (lmcqueen@psych.org) along with a copy of your current curriculum vitae.

**PLEASE BE AS INCLUSIVE AS POSSIBLE IN YOUR RESPONSES**

**Part I. Professional Income.** (1) For the past thirty six (36) months, please list every source of professional income you have received and the percentage of your annual income that compensation comprised in the calendar year in which it was received. Professional income includes such things as income earned from university salary; private clinical practice; clinical consultation; employment by a clinic, HMO, hospital, etc; lectures outside university; health industry-related or other corporate income; publication royalties; forensic work. Check the appropriate box if income from that source exceeded $25,000 in the calendar year. Please indicate if any professional income received was underwritten directly or indirectly by specific pharmaceutical or health-industry sources as grants or through other funding mechanisms.

*(Income column to total 100%):*

<table>
<thead>
<tr>
<th><strong>Source: include nature and subject of consultation, identity of entity, etc.</strong></th>
<th><strong>% of Income and year received</strong></th>
<th><strong>X if &gt; $25,000</strong></th>
<th><strong>X if Underwritten directly or indirectly by pharmaceutical or health industry funding</strong></th>
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<tr>
<td><strong>Grand Total</strong></td>
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<td><strong>100%</strong></td>
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</table>

APPENDIX S: FINANCIAL STATEMENT, DISCLOSURE OF AFFILIATIONS 139
Do you anticipate that the overall distribution of your income sources in the next 12 months will differ significantly from that of the prior 12 months?

______ yes ________ no

If yes, please explain the nature of the anticipated change on a separate sheet of paper.

**Part II. Specific Interests and Affiliations.** Answer each of the following questions.

*Note: For the purpose of Part II:*

1. An interest is **significant** if, over the past 36 months, it:
   a. provided, directly or indirectly, cash, shares, and/or anything else of value (including gifts, travel, lodging, meals, goods and services) totaling $500 or more in value in a year, from an organization, commercial or otherwise, that may have a direct or indirect interest in psychiatric diagnosis, treatment, or the DSM;
   b. involves an ownership of shares, stock or other interest in an organization, commercial or otherwise, regardless of whether or not that ownership interest has any current value, that may have a direct or indirect interest in psychiatric diagnosis, treatment, or the DSM (Note: this does not include an interest in a blind trust or mutual fund not specific to the pharmaceutical or other health-related industry), or
   c. derives from a position as director, trustee, proprietor, officer, managing partner, consultant, or employee of an organization, commercial or otherwise, that may have a direct or indirect interest in psychiatric diagnosis, treatment, or DSM.

2. An **immediate family member** includes spouse/significant other, children, parents and other members of the household.

3. **APA affiliate** is the American Psychiatric Association Foundation (APAF). APA includes the former American Psychiatric Publishing, Inc. (APPI).

(1) Place an “x” by the appropriate statement:

____ In the past 36 months, neither I, nor any member of my immediate family, has had a significant financial interest in or affiliation with any organization, commercial or otherwise, that may have a direct or indirect interest in psychiatric diagnosis, treatment, or the DSM.

Go to question 3.

____ In the past 36 months, I and/or an immediate family member has had a significant financial interest in or affiliation with one or more organizations, commercial or otherwise, that may have a direct or indirect interest in psychiatric diagnosis, treatment, or the DSM.

If there is or has been such an interest or affiliation over the last 36 months, list the organization(s), the nature of the relationship(s), and the appropriate key number in the table below. Please provide the appropriate income range for each relationship from the key number in the table below.

<table>
<thead>
<tr>
<th>KEY NUMBER</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>1. Consultant</td>
<td></td>
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<tr>
<td>2. Full- or Part-time Employee</td>
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<tr>
<td>3. Grant-Research Support received or pending</td>
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<tr>
<td>4. Speaker’s Bureau</td>
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<td>5. Honoraria</td>
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<td>6. Stock or other financial options</td>
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<td>7. Royalties (including right to share of revenue or profit from pharmaceutical, device or other development or product)</td>
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<td>8. Patents received or pending</td>
<td></td>
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<tr>
<td>9. Officer, director/trustee, executive (specify)</td>
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<tr>
<td>10. Other (specify)</td>
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</tbody>
</table>
### INCOME RANGES

**KEY NUMBER:**

1. $0 to less than $500
2. $500 - $4,999
3. $5,000 – $9,999
4. $10,000 - $49,999
5. $50,000 - $99,999
6. $100,000 - $499,999
7. $500,000 – $999,999
8. More than $1,000,000

### List terminations and divestitures of significant commercial interests/affiliations in the past year

<table>
<thead>
<tr>
<th>Commercial or Other Organization</th>
<th>Relationship (e.g., self, spouse, family member, etc.)</th>
<th>Role Key #(s)</th>
<th>Income Range Key #'s</th>
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(2) In the course of the last 36 months, have you, or an immediate family member, had any other significant interest that derives from your service/status as an officer, trustee, director, proprietor, partner, employee, grant recipient, or consultant for any health care or health-related business or organization?

Yes ___ No ____

*If yes, please provide complete information about interest(s).*

4. Are you or is a member of your immediate family an officer, trustee or director of, or involved in public representation and advocacy (including lobbying) on behalf of, any organization, other than the APA, its district branches/state associations, or APA affiliates, that may have a direct or indirect interest in psychiatric diagnosis, treatment, or the DSM?

Yes ____ No _____

*If yes, please give the name of each organization(s) and describe the activities in which you will be involved.*
5. Do you or any member of your immediate family have interests in any health- or mental health-related intellectual property rights (e.g., patents, copyrights, royalties from such rights, including right to revenues or profits from pharmaceutical, device or other developments or products) that may be affected by modifications in DSM diagnostic criteria?

Yes _____ No ______.
If yes, please give a brief description of the intellectual property in which you have an interest.

6. Have you or a member of your immediate family entered into any personal or business financial arrangements, or do you anticipate entering into such an arrangement, as a result of information gained through your position on an APA Component?

Yes: _____ No: _____
If yes, please give a brief description of the personal or business financial arrangements.

Part III. The APA is committed to acting to ensure the integrity of APA work products, i.e., to make certain that it is derived from a scientific base and is not influenced by the financial or other interests or relationships of those who participate in its development. The questions in Part III are intended to help potential consultants remember and identify interests and relationships of specific sorts that may have the potential for creating a conflict of interest. However, the APA is aware that there may be other kinds of interests or relationships with this potential that do not fall squarely within any of the categories in the specific questions. Accordingly, please answer the following two questions:

(1) Do you or an immediate family member have, have you had in the last 36 months, or are you currently negotiating, any other interest, arrangement, affiliation or relationship that could (a) affect your judgment or influence your input in connection with your work on an APA Component, (b) create the appearance of doing so or be thought to do so by others, (c) lead to questions about your motivation in connection with your appointment to an APA Component or (d) raise questions about the integrity of APA work products?

Yes ____ No _____
If yes, identify and explain nature of other interests, affiliations, arrangements or relationships.
Certification of Compliance:
I have read the APA’s Financial Statement, Disclosure of Affiliations and Interests Policy and agree to participate on an APA component in accordance with those terms.

I have identified all interests and affiliations about which information has been requested and I understand that APA will require periodic updates of this disclosure over the duration of my involvement on an APA component. I agree to promptly notify, in writing, the Secretary-of APA should these change in any way and to identify any additional interests and affiliations at each meeting of the component.

If an issue arises in connection with my work on an APA component that creates a conflict or appearance of conflict for me that was not anticipated and is not reflected in this or subsequent disclosures, I will promptly identify the interest and the conflict or potential conflict to the chair of my component and the Secretary of the APA. I will cooperate with any limitations on my participation or continued participation or any termination of such participation recommended at any time by the APA.

I understand that my appointment to an APA component will not be final until I have agreed to the terms the APA has adopted for component members and consultants regarding use of APA’s property, APA ownership of intellectual property, procedure with regard to related works and associated matters as put forth in the APA component acceptance form.

I certify that the information provided herein is complete, true and correct to the best of my knowledge

__________________________________________
Date

__________________________________________
Signature

__________________________________________
Please print or type full name
APPENDIX T: GUIDELINES FOR CONSIDERING DB/STATE ASSOCIATION REQUESTS FOR FUNDS/ASSISTANCE

Committee on Advocacy and Litigation Funding (CALF)

(July 2000; name changed May 2002; guidelines revised November 2002; December 2004; December 2013)

At the Board of Trustees’ (BOT) meeting in March 2000, the BOT established the Commission on Public Policy, Litigation, and Advocacy (CoPPLA). Later that year, the BOT approved CoPPLA’s mission statement:

The Commission on Public Policy, Litigation, and Advocacy has the responsibility of reviewing requests, usually from District Branches and State Associations, for financial support of projects involving legislation, litigation, and advocacy; of making recommendations regarding funding to the Board of Trustees; and of proposing coordinated activity by other APA components, District Branches, and State Associations.

As a result of APA component restructuring, CoPPLA was made a Committee, reporting to the former Council on Advocacy and Public Policy (CAPP). As of May 2009 CAPP was sunset and the Council on Advocacy and Government Relations was instituted (CAGR). The BOT in June 2002 approved changing CoPPLA’s name to the Committee on Advocacy and Litigation Funding (CALF).

CAGR, in turn, makes recommendations through the Joint Reference Committee to the Board of Trustees for the Board’s ultimate funding decision with respect to CAGR’s recommendations.

In 2009, the Board amended the Guidelines to assist CALF in determining the amount of grant money to recommend for Board support, due to a finite budget and in the context of an inability to predict how many grant requests will be submitted. Specifically, this guidance directs the CALF to distinguish between a start-up grant and a supplemental grant for specific issues.

A start-up grant is a one-time grant designed to help establish and/or prepare for an ongoing legislative lobbying process. It may provide some money for a contract lobbyist during the first year.

The supplemental grant process is now available to a DB/SA every two years. Part of the approval process may recommend that the applying DB/SA’s dues structure be increased to either qualify for the current grant proposal, or for future proposals. If the grant is primarily for lobbying costs for a specific issue, it cannot exceed the amount that the DB/SA is currently paying their lobbyist. If the DB/SA does not have a contract lobbyist, they are then applying via the start-up grant process.

All grant requests will now require a written plan for how the DB/SA intends to continue the effort for which they are requesting funding if the problem being addressed is likely to recur, e.g., legislation to grant prescribing authority to psychologists.

In 2013, in an effort to increase transparency and accountability during execution of the CALF grant, the Board, through CAGR’s recommendations has amended the CALF Guidelines to include the following provision:

APA reserves the right to communicate directly with any contractor (i.e. lobbyist, PR firm, etc.) hired by a DB/SA with the use of CALF funds. Such communication would occur only after providing appropriate notification to the DB/SA executive staff. Grantees agree to provide, in writing, contractor(s) direct contact information upon acceptance of grant funds.

CALF will use the following guidelines to carry out its mission:

I. Criteria for deciding matters to be supported by CALF:

   A. The national significance of the proposed activity to psychiatric patients and the practice of psychiatry.

   B. The relevance of the issue as measured against the strategic plan of the APA and the priorities of the APA.

   C. The extent and nature of the DB/SA or APA component involvement in addressing the issue.

   D. The nature and involvement of the American Medical Association or its state or medical specialty society entities,
other mental health professionals and patient advocacy groups regarding the activity contemplated.

E. For projects originating with the Advocacy Council, or another Committee of the APA: the extent of any other APA funding or outside funding sought.

F. When the request before CALF involves litigation, additional matters to be considered are:

1. The clarity of the issue presented by the case under consideration.
2. The precedential value of the proposed litigation.
3. The availability, in lieu of litigation, of other options and the liability of those options.
4. The likelihood of success of the litigation.
5. The costs of litigation: financial and non-financial.

G. The appropriate DB/SA documentation of the problem and, specifically, its advocacy use of CALF funds. In the case of litigation, a report from the attorney describing the purpose of the litigation and the legal grounding of the case must also be submitted.

II: Procedure for making requests to CALF:

A. The DB/SA, APA Component will prepare a written proposal to CALF. This proposal must:

1. Explain the issue
2. Describe the efforts undertaken to address the issue
3. Describe how APA funds will be used.
4. Provide other sources of funding, including the DB/SA contribution
5. Estimate a total expenditure
6. Include an agreement to provide a report regarding expenditures and outcome of the project, including any materials developed that can be used by other DBs/SAs, and assurances with respect to assisting other DBs/SAs.
7. Agree to provide any CALF-funded contractor contact information.

B. Each proposal submitted to CALF must include a statement by the submitting DB/SA that contains its recommendations and degree of support for the proposal.

C. The CALF may recommend to CAGR that it approve or disapprove a project. CALF may return the proposal to the submitting body for revision and reconsideration, and notify CAGR of its action. It may also ask a DB/SA to share the cost for the proposed project or litigation; in some instances it may set a cap on DB/SA expenses. Where appropriate, and to the maximum extent possible, CALF will ensure there is a three-pronged approach to litigation, which includes appropriate consultation and involvement respecting government relations and public affairs activities. Likewise if an activity is focused on either government relations or public affairs, there would be an integrated approach.

D. Following consideration of the CALF recommendation, CAGR will present the item, with its recommendation, through the Joint Reference Committee to the Board of Trustees for action at the next scheduled meeting.

E. If an emergency or time-sensitive situation exists that requires immediate attention by the Board, a recommendation may be made by the Council Chair, in consultation with the chair of CALF, to the JRC for consideration at its next conference call/meeting and, subsequently, to the Executive Committee of the Board.
APPENDIX U: COMPONENT ASSESSMENT TEMPLATES

In July 2000, the Board of Trustees designated the Joint Reference Committee as the component to monitor and evaluate the functioning of components, with annual reports to the Board. To assist in this process, the JRC developed component activity plans which overtime have evolved into component assessment templates. (see also Chapter Two, “Component Structure of the Association,” Joint Reference Committee, of this manual).

Purpose of Component Assessments

Assessments are to facilitate:

1. the operations inside the component; i.e., stimulate and organize the component’s functioning, garner adequate resources, both of staff and member time, within APA’s budget. It can serve as a framework for minutes of meetings, as an internal regulator of progress, and/or as a substitute for more traditional minutes.

2. communications between components.; i.e., keep other components informed and stimulate potentially collaborative efforts across components.

3. organizational review of how component activities, individually and as a whole, reflect APA’s goals, values, priorities and budget allocations.

4. reciprocal communication with the membership of what APA and APA’s components are accomplishing for APA’s members and the profession as a whole, by making available explicit descriptors of component activities, including products produced, tasks accomplished, and ongoing projects which members deem valuable.

Component Assessment process

The Board has assigned the monitoring/review task to the JRC. The assessments are to be considered collegial review by peers. Flexibility is important with regard to the timing of reviews. Initial planning should be for a comprehensive review of each Council’s assessment templates once each three years, to provide a reasonable opportunity for timely feedback and potential directional change. The JRC has also implemented a yearly snapshot assessment for all councils.
COUNCIL WORK PLAN TEMPLATE
Complete the Template for Current and Future Tasks

A meaningful component work plan should contain:
1) Clear statement of the issue and rationale for a given work product and its strategic utility
2) The work product defined for the given issue/topic. [e.g., position statement, resource document, curriculum, recommendations on policy]
3) Identification of the key resources needed to develop/implement the product (e.g. key components, administrative expertise, funding)
4) A specific plan for development and implementation of the work product. (i.e., tasks to be performed, assignment of responsibility for tasks, coordination of tasks with a defined completion timeline)
5) Plan to execute and monitor and evaluate

Please complete for each primary issue/topic of the Council and place in priority order.

<table>
<thead>
<tr>
<th>ISSUE:</th>
</tr>
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<tbody>
<tr>
<td>Work Product:</td>
</tr>
<tr>
<td>Brief Background/Rationale for the work product:</td>
</tr>
<tr>
<td>Required resources:</td>
</tr>
<tr>
<td>Responsible Entities:</td>
</tr>
<tr>
<td>Tasks:</td>
</tr>
<tr>
<td>Timeline for Completion:</td>
</tr>
</tbody>
</table>
Yearly Assessment of Council
Complete for each January JRC meeting

In 2015, the Joint Reference Committee instructed councils to provide a yearly snapshot of their activities for the previous year. This information will be used as a yearly check-in to ensure that a council’s work, activity, and products are in keeping with their charge and the APA’s strategic goals. The deadline for this information is the JRC January meeting deadline.

Using the attached templates, provide the following information:

- Top 3 activities from the previous year
  - Please provide a brief summary of each
  - Tangible work product

- Top 3 Work priorities/issues for the coming year
  - provide brief description

- Mentoring of RFM/ECP members

- Assess the participation of Council members

Please attach a copy of the charge to the council. (APA Operations Manual)
### Top 3 Activities from Previous Year

<table>
<thead>
<tr>
<th>Issue #1</th>
<th>Work Product</th>
<th>Tasks</th>
<th>Timeline for Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
<td>Issue #2</td>
<td>Work Product</td>
<td>Tasks</td>
<td>Timeline for Completion</td>
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<tr>
<td>Issue #3</td>
<td>Work Product</td>
<td>Tasks</td>
<td>Timeline for Completion</td>
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</tbody>
</table>

### Top 3 Priorities for Coming Year

<table>
<thead>
<tr>
<th>Issue #1</th>
<th>Work Product</th>
<th>Tasks</th>
<th>Timeline</th>
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<td></td>
</tr>
<tr>
<td>Issue #2</td>
<td>Work Product</td>
<td>Tasks</td>
<td>Timeline</td>
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<td></td>
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<tr>
<td>Issue #3</td>
<td>Work Product</td>
<td>Tasks</td>
<td>Timeline</td>
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</tbody>
</table>

### Mentoring of Council RFM & ECP Members

<table>
<thead>
<tr>
<th>RFM Members</th>
<th>Number of RFMs</th>
<th>Number of RFM Mentors</th>
<th>Brief description of mentoring activities</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
<td></td>
</tr>
<tr>
<td>ECP Members</td>
<td>Number of ECPs</td>
<td>Number of ECP Mentors</td>
<td>Brief description of mentoring activities</td>
</tr>
<tr>
<td></td>
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</tr>
</tbody>
</table>
APPENDIX V: PROCEDURES FOR REVENUE SHARING WITH DISTRICT BRANCHES & STATE ASSOCIATIONS

(Approved October 2000)

NOTE: The revenue sharing program was not approved as of 2003. The Committee referred to below and the implementation of these procedures will be activated if and when the program is approved.

1. The overarching guiding principle for non-dues revenue sharing between the APA and the District Branches/State Associations should be a partnership based on achieving mutually congruent goals. The monies can be used for a variety of purposes that generally include but are not limited to:
   - Building effective legislative and advocacy initiatives
   - Building/supporting DB/SA infrastructure
   - Membership growth and/or retention
   - Educational needs – of either the members or the public; and
   - Jointly seeking additional funds from other sources as appropriate.

2. The money should be allocated to the district branches and state associations as follows: A set amount should be given to each state (a $5,000 minimum was recommended, assuming adequate funds are available), with the remaining funds allocated to each DB on a per-member basis. For those states with only one DB, including Washington, DC and the Uniformed Services DB, all the money should be given at the DB level. For California and New York, the Area Council would decide upon a mechanism by which the entire amount available to the state (the flat per-state amount plus the per capita funds) is split between the state association and the district branches. The split would be based on the priorities of advocacy (both legislative and legal), public affairs, and membership recruitment and retention. The money will be distributed directly to the state association or the district branch according to the mechanism agreed upon in that state. In Missouri, the per-state amount will be split equally among the three district branches, and each district branch will receive its appropriate per capita allocation as well.

3. The participating district branches and state associations must agree to remain in full compliance with the bylaws of the APA. In addition, the district branches and state associations must sign an agreement that they understand and abide by the legal limitations on the use of the money.

4. Each district branch/state association must provide the APA with an annual report identifying how the funds allocated were used. The APA will provide the district branches/state associations with the required format of the report.

5. The Committee to Develop Procedures for Revenue Sharing reports directly to the Board to monitor and evaluate the revenue-sharing program. The program will be evaluated on a preliminary basis after one year, with a thorough evaluation to take place after three years, with evaluation criteria to be developed.
APPENDIX W-1: COMPONENT BUDGET POLICY

The Board approves an annual budget for components. All solicitation of grants or of any kind of outside funding must be first approved by the Board and then coordinated with the CEO/Medical Director. When such support grants are received, the funds are to be administered by the Association. (See "Guidelines for Seeking External Funding" and appropriate form to request authority to solicit outside funds in Appendix H of this manual.)

1. **Size**
   In 2002, the Board approved guidelines for the size of various types of components (including the chair): Councils – up to 12 voting members and unlimited corresponding members; Committees – up to 6 voting members and up to 2 corresponding members; Task Forces – up to 4 members. (See Chapter Two of this manual, “Component Structure of the Association”)

2. **Time**
   For task forces, completion times should be specified and firmly enforced - one or two years when feasible but not more than three (except for unusual circumstances that should be presented with justification to the JRC before granting such extensions).

3. **Charges**
   For components that are submitted to the JRC and Board for approval, charges should be established formally in writing by the appropriate council (See form for presenting a recommendation for establishment of a component in Appendix I of this manual.) Charges to components should be regularly reviewed at times certain and when necessary, clarified.

4. **Frequency of Meetings**
   In 2002, the Board approved guidelines for component meetings. Councils may hold two in-person meetings/year including one meeting at the Annual Meeting or Institute on Psychiatric Services (IPS). Corresponding Committees and Task Forces may meet at the Annual Meeting or IPS. Component meetings held at the Annual Meeting or IPS cannot interfere with significant programs. The only cost to APA is for staff time and a meeting room (since APA members are not reimbursed for expenses connected with their participation in meetings during the Annual Meeting or IPS.) All components, including standing committees, are urged to function in a corresponding manner whenever possible, conducting as much business by telephone, email, and correspondence as possible. (See Chapter Two of this manual, “Component Structure of the Association.”)

5. **Location of Meetings**
   All meetings should take place at, and participants be housed in, designated locations - usually in Washington, DC - unless the chairperson is able to demonstrate that meeting in another location would entail less expense to the Association. Except for rare occasions when the specific nature of the component’s task mandates meeting outside the continental limits of the USA, the Association will not reimburse travel to such locations.

6. **Responsibility of Council/Component**
   It is the responsibility of councils to monitor the application of these guidelines to all components within their jurisdiction. Components should participate in the development of the council budget when funds exceeding the standard council budget are sought. Staff will make financial statements available to components at reasonable intervals. Each component should assign specific agenda items to members and include an item on the budget.

   When the Board approves the annual budget, councils and their components receive a budget allotment. The council chairperson has authority to transfer funds between accounts within his/her own council budget, so that if a task force needs extra funds for a project, or meeting, its budget may be increased at the discretion of the council chairperson. Requests for extra funding must be cleared in advance with the chairperson of the council to which the component is assigned.

   Chairpersons of components may request reimbursement for expenses incurred in conducting its business (postage, telephone calls, etc.)

7. **JRC Contingency Fund**
   When new projects or components are proposed by councils, the Joint Reference Committee, subject to approval by the Board, may provide initial funding to support the component from the JRC Contingency Fund or recommend to the Board
that the component be authorized to seek outside funding. Subsequent funding is included in the council budget as approved each year by the Board.

8. **Travel Expenses**
   Travel and living expenses of members of components are reimbursed for all meetings except those held at the Annual Meeting and at the Institute on Psychiatric Services. Expense forms (sample in Appendix J, “Travel Expense Report,” of this manual) are provided for requesting reimbursement. The travel policy is in Appendix W-3, “Travel Reimbursement Policy,” of this manual.

9. **Group Meals**
   There is a ceiling of $70 per person for total cost of any meal purchased by the Association or any Association component (including food, beverage, tax, and service fees). Alcoholic beverages may be reimbursed if they are included in the $70/person limit. Claims for reimbursement must be submitted within 90 days of the date the expense is incurred.

10. **Other Expenses**
    It is acceptable to pay a reasonable honorarium to a non-member who comes to an Association component meeting in order to speak to the component members.
APPENDIX W-2: INVESTMENT POLICY STATEMENT, LONG TERM RESERVES

Revised December 2012

GENERAL INFORMATION

The American Psychiatric Association ("APA") is a medical society recognized worldwide. Its U.S. and international physicians specialize in the diagnosis and treatment of mental and emotional illnesses and substance use disorders. The American Psychiatric Association Foundation (APAF) is a charitable organization established to assist and support the APA’s charitable, educational and scientific and research purposes. The Long Term Reserves Fund includes the APA and the APAF. The APA has entered into an agreement with APAF to combine investments into a combined fund (The Fund is combined for investment purposes, but accounted for separately). Hereinafter, “Association” shall refer to APA and APAF.

PURPOSE OF THIS INVESTMENT POLICY STATEMENT

This Investment Policy Statement governs the management of the financial assets of the Association and is intended to address the following:

1. Define and assign the responsibilities of all involved parties.
2. Establish a clear understanding for all involved parties of the investment goals and objectives of Fund assets.
3. Offer guidance and limitations to all Investment Managers regarding the investment of Fund assets.
4. Establish a basis for evaluating investment results.
5. Establish the relevant investment horizon for which the Fund assets will be managed.

In general, the purpose of this statement is to outline a philosophy and attitude that will guide the investment management of the assets toward the desired results.

DEFINITIONS

1. "Fund" shall mean the Association’s Long Term Reserves.
2. The “Investment Oversight Committee” (IOC) is the group charged by the Association’s APA Board of Trustees to oversee the investment account placement, reporting and monitoring. The IOC operates in conjunction with the Finance Department, Investment Advisor(s) and Investment Manager(s).
3. "Investment Manager" shall mean any individual, or group of individuals, employed to manage the investments of all or part of the Fund assets. The investment manager has discretion to purchase, sell, or hold the specific securities that will be used to meet the Fund's investment objectives.
4. "Investment Advisor" shall mean any individual or organization selected to provide advisory services, including advice on establishing investment policy, objectives, and guidelines; selecting investment managers; reviewing such managers over time; measuring and evaluating investment performance; and other tasks as deemed appropriate.
5. “Custodian” will physically (or through agreement with a sub-custodian) maintain possession of securities owned by the Fund, collect dividend and interest payments, redeem maturing securities, and effect receipt and delivery following purchases and sales. The custodian may also perform regular accounting of all assets owned, purchased, or sold, as well as movement of assets into and out of the Fund accounts.
6. "Securities" shall refer to the marketable investment securities which are defined as acceptable in this statement.
7. "Investment Horizon" shall be the time period over which the investment objectives, as set forth in this statement, are expected to be met. The investment horizon for this Fund is 10 years.

DELEGATION OF AUTHORITY

The APA and APAF Boards of Trustees [Directors] have the ultimate fiduciary responsibility for and authority over each entity’s investments. The Boards of Trustees have charged the Investment Oversight Committee (IOC), which reports through the Finance and Budget Committee, to oversee the investment account placement, reporting and monitoring.

The IOC is authorized to retain professional experts in various fields. These include, but are not limited to: Investment Advisor(s), Investment Manager(s), Custodian(s), and additional specialists such as attorneys, auditors, investment consultants, and others may be employed by the IOC to assist in meeting its responsibilities and obligations to administer Fund assets prudently.

The IOC will delegate the day-to-day management of the investments to the Investment Managers. Managers will be held responsible and accountable to achieve the objectives herein stated. While it is not believed that the limitations will hamper Investment Managers, each manager should request modifications which they deem appropriate.
All expenses for such experts must be customary and reasonable, and will be borne by the Fund as deemed appropriate and necessary.

Every participant in investment decisions for the Association must sign a conflict of interest form. The forms are to be reviewed and acknowledged annually. The Categories of signers include:

a) IOC members
b) IOC staff participants
c) Investment Advisors
d) Investment Managers

**ASSIGNMENT OF RESPONSIBILITY**

**Responsibility of the Investment Oversight Committee**

The Investment Oversight Committee (IOC) is charged with the responsibility for the management of the assets of the Fund. The IOC shall discharge its duties solely in the interest of the Fund, with the care, skill, prudence and diligence under the circumstances then prevailing, that a prudent person, acting in a like capacity and familiar with such matters would use in the conduct IOC relating to the investment management of Fund assets include:

1. Projecting the Fund’s financial needs, and communicating such needs to the Investment Managers on a timely basis.
2. Determining the Fund’s risk tolerance and investment horizon, and communicating these to the appropriate parties.
3. Establishing reasonable and consistent investment objectives, policies and guidelines which will direct the investment of the Fund’s assets.
4. Prudently and diligently selecting qualified investment professionals, including Investment Manager(s), Investment Advisor(s), and Custodian(s).
5. Regularly evaluating the performance of the Investment Manager(s) to assure adherence to policy guidelines and monitor investment objective progress.
6. Developing and enacting proper control procedures: For example, replacing Investment Manager(s) due to fundamental change in investment management process, or failure to comply with established guidelines.
7. Periodically review and evaluate the services provided by the Investment Manager(s), Investment Advisor(s), and Custodian(s).
8. Provide Investment Manager(s) with a copy of the Investment Policy Statement which provides, in writing, the general principles by which the Board expects Investment Manager(s) to vote proxies.
9. The IOC will provide investment reports to the Chair of the Finance and Budget Committee and to the Association Board of Trustees at least semi-annually.
Responsibilities of the Chief Financial Officer and Finance Department

The Chief Financial Officer shall be responsible for making recommendations to the IOC regarding the implementation of the Association’s Investment Objectives and Policies, and for serving as the IOC’s liaison with internal and external entities.

In carrying out this role, the Finance Department shall:

1. Provide investment account reports to the IOC on at least a quarterly basis.
2. Implement the asset allocation and manager decisions made by the IOC with the assistance of the Investment Advisor(s) and Custodian(s).
3. Invest new contributions and fund withdrawals from the Fund in a timely manner with the assistance of the Investment Advisor(s) and Custodian(s).
4. Prepare special reports and analysis as requested by the IOC with the assistance of the Investment Advisor(s).

Responsibility of the Investment Advisor(s)

The Investment Advisor(s)’s role is that of a non-discretionary advisor, whose recommendations require approval of the IOC for implementation. The Investment Advisor(s) is expected to provide investment advice for the management of fund assets, which will be consistent with the investment objectives, policies, guidelines and constraints as established in this statement. Specific responsibilities of the Investment Advisor(s) include:

1. Assisting in the development and periodic review of Investment Policy Statement.
2. Conducting Investment Manager searches when requested by the IOC.
3. Providing "due diligence", or research, on the Investment Manager(s).
4. Monitoring the performance of the Investment Manager(s) to provide the IOC (at a minimum of once per quarter) with the ability to determine the progress toward the investment objectives.
5. Communicating matters of policy, manager research, and manager performance to the IOC.
6. Reviewing Fund investment history, historical capital markets performance and the contents of this Investment Policy Statement to any newly appointed members of the IOC.
7. Adhere to the reporting guidelines addressed in the section “Investment Manager(s) Performance Review and Evaluation” of this policy.
8. Monitor the Fund for compliance with the Investment Policy Statement and appendices.

Responsibility of the Investment Manager(s)

Each Investment Manager will have full discretion to make all investment decisions for the assets placed under its jurisdiction, while observing and operating within all policies, guidelines, constraints, and philosophies as outlined in this statement.

Investment firms managing the Association’s portfolios are expected to act in an ethical manner and with integrity in all phases of the investment process. It is expected that, as a minimum requirement, Investment Managers will comply with The Code of Ethics and The Standards of Professional Conduct as established by the CFA Institute.

Specific responsibilities of the Investment Manager(s) include:

1. Discretionary investment management including decisions to buy, sell, or hold individual securities, and to alter asset allocation within the guidelines established in this statement.
2. Reporting, on a timely basis, quarterly investment performance results.
3. Communicating any major changes to economic outlook, investment strategy, or any other factors that affect implementation of investment process, or the investment objective progress of the Fund’s investment management.
4. Informing the IOC, via the Investment Advisor(s), regarding any qualitative change to investment management organization. Examples include changes in portfolio management personnel, ownership structure, investment philosophy, etc.
5. The Investment Manager is required to vote the proxy issues in accordance with the guidelines of this statement of investment objectives and policies.
6. In general, notify the IOC, through the Finance Department or the Investment Advisor(s), for approval to initiate any transaction that could generate unrelated business taxable income.
7. Seek consultation from the Finance Department or the Investment Advisor(s) when there are questions about the Investment Policy Statement.
INVESTMENT OBJECTIVES

In order to meet its needs, the investment strategy of the Association is to emphasize total return; that is, the aggregate return from capital appreciation and dividend and interest income.

The minimum investment objective over a ten-year time horizon is to seek the preservation of real purchasing power after inflation. The primary objective in the investment management for Fund assets shall be at least a 5% annual real rate of return after inflation over a ten-year time horizon. The achievement of higher returns above these objectives will require additional risk, as defined in the next paragraph. For more details on the specific investment goals and desired asset allocation, please see Appendices A and B.

GENERAL INVESTMENT PRINCIPLES

1. Investments of the Fund shall be diversified to minimize the risk of large losses. Understanding that risk is present in all types of securities and investment styles, the IOC recognizes that some risk is necessary to produce long-term investment results that are sufficient to meet the Fund’s objectives. However, the Investment Manager(s) are to make reasonable efforts to control risk, and will be evaluated regularly to ensure that the risk assumed is commensurate with the given investment style and objectives.

2. The IOC may employ one or more Investment Manager(s) of varying styles and philosophies to attain the Fund’s objectives. Consistent with their respective investment styles and philosophies, Investment Managers should make reasonable efforts to preserve capital, understanding that losses may occur in individual securities. Investment Managers are expected to adhere to the investment management styles for which they were hired. Investment Managers will be evaluated regularly for adherence to investment discipline.

3. Cash is to be employed productively at all times, by investment in short-term cash equivalents to provide safety, liquidity, and return.

4. Asset allocation guidelines reflect both the diversified profile of the portfolio and the need to emphasize equity-related investments to achieve the return objective.

CASH FLOW EXPECTATIONS

The Association expects that there will be net deposits into the Long Term Reserves for the foreseeable future. There is no expectation for net withdrawals from the Long Term Unrestricted Reserves for the foreseeable future. Any withdrawals from the Long Term Unrestricted Reserves shall be approved by the Board of Trustees.

DEFINITION OF RISK

The IOC realizes that there are many ways to define risk. The Investment Committee defines risk as the probability of not maintaining purchasing power over a ten-year time horizon.

SELECTION OF INVESTMENT MANAGERS

The IOC’s selection of Investment Manager(s) must be based on prudent due diligence procedures. A qualifying Investment Manager must be a registered investment advisor under the Investment Advisors Act of 1940, or a bank or insurance company. In addition to reviewing a firm’s historical performance record against a variety of appropriate benchmarks, particular emphasis will be placed on a firm’s ethical and financial viability, organizational structure, experience of key personnel, and investment philosophy. A list of Investment Managers is included as Appendix C.

INVESTMENT MANAGER PERFORMANCE REVIEW AND EVALUATION

A standard package of performance reports, generated by the Investment Advisor(s), shall be compiled at least quarterly and communicated to the IOC for review. The investment performance of the Total Fund, as well as asset class components, will be measured against commonly accepted performance benchmarks based on the percentage of assets in each market sector.

Benchmarks for the various market sectors are listed in Appendix C within the Investment Policy Statement. Consideration shall be given to the extent to which the investment results are consistent with the investment objectives, goals, and guidelines as set forth in this statement.

The IOC intends to evaluate the Fund to determine the continuity of the Investment Manager(s) over at least a five-year period, but reserves the right to terminate a manager for any reason including, but not limited to, the following:
1. Investment performance which is significantly less than anticipated given the discipline employed and the risk parameters established, or unacceptable justification of poor results.
2. Failure to adhere to any aspect of this Investment Policy Statement, including communication and reporting requirements.
3. Significant qualitative changes to the organization of the Investment Manager.

Investment Managers shall be reviewed regularly regarding performance, personnel, strategy, research capabilities, organizational and business matters, and other qualitative factors that may impact their ability to achieve the desired investment results.

**INVESTMENT MANAGER EVALUATION TERMINOLOGY**

The following terminology has been developed by Marquette Associates, Inc. to facilitate communication among the Investment Manager(s), Investment Advisor(s), and the Finance Department. Each term signifies a particular status with the Fund and any conditions that may require improvement. In each case, communication is made only after consultation with the IOC and/or the Finance Department of the Plan.

“In-Compliance” – The Investment Manager states it is acting in accordance with the Investment Policy Statement.

“Alert” – The Investment Manager is notified of a problem in performance (usually related to a benchmark or volatility measure), a change in investment characteristics, an alteration in management style or key investment professionals, and/or any other irregularities.

“On Notice” – The Investment Manager is notified of continued concern with one or more “Alert” issues. Failure to improve upon stated issues within a specific time frame justifies termination.

“Termination” – The IOC has decided to terminate the Investment Manager. The Investment Manager is notified and transition plans are in place.

**INVESTMENT POLICY REVIEW**

All objectives and policies remain in effect until modified by the IOC and approved by each participating entity’s Boards of Trustees [Directors]. The IOC will review these policies periodically to determine that the investment strategy of the Association is in agreement with the guidelines and that they continue to be appropriate. While changes are not expected to be frequent, a change in market conditions, a change in cash flow expectations, new product developments, etc. may require that these guidelines be altered.

If, at any time, an Investment Manager believes that any policy guideline might inhibit his or her investment performance or causes the manager to handle the account differently from the accounts of its other clients, he or she will communicate this view to the IOC. Investment Managers may initiate recommendations for modifications or exceptions to any guideline when necessary.

**INVESTMENT GUIDELINES**

**General Investment Guidelines (U.S. Equity, Non-U.S., and Fixed Income)**

The IOC desires to permit investment managers the greatest possible flexibility to maximize investment opportunities; however, the investment managers are acting as agents and must recognize the fiduciary responsibility of the IOC to conserve and protect the assets of the Fund and prevent exposure to unnecessary risk.

1. No direct use of private placements, venture capital, margin, leverage, securities not publicly traded, options, commodities, short sales, interest only, principal only, stripped mortgage-backed securities, forward contracts, future contracts, and any other high risk/leveraged derivative investments unless written permission is expressly granted by the IOC and unless otherwise noted.

2. No investments in pharmaceutical, managed health care, and tobacco sectors. Investment managers are not permitted to invest in stocks in these specific sectors, but may participate in a blind pool that might at some point in time hold a small percentage of its assets in a stock otherwise to be avoided as a direct investment.
3. Each investment manager should immediately inform the IOC, Finance Department, and the investment advisor regarding all significant matters pertaining to the investment of assets in writing. The IOC, finance department, and the investment advisor should be notified of major changes in investment strategy, portfolio structure, market value of the assets, and other matters affecting the investment of the assets. The IOC, finance department, and the investment advisor should also be informed immediately of any significant changes in the ownership, affiliation, organizational structure, financial condition, or professional personnel staffing of the investment manager’s organization.

4. The investments shall be made for the exclusive benefit of the Fund and its participants and beneficiaries.

5. All cash, interest earned, and dividend payments shall be swept on a daily basis into an investment-grade short-term money market fund. A sweep vehicle at the custodian will be utilized for this purpose.

6. U.S. equity managers only: No investment shall be made in a foreign security without the prior, specific consent of the IOC, unless the security is available in American Depository Receipts (ADRs) on a U.S. exchange, is primarily or exclusively traded on a U.S. exchange, or is included in the assigned benchmark. A foreign security means a security issued by, or for the benefit of any corporation, government, agency, or other organization that is not based in the United States, regardless of whether the return is payable in United States currency. Foreign security also means investment in a mutual fund or collective fund that invests primarily in the securities of foreign governments, agencies, or corporations.

7. U.S. equity security purchase and sale transactions must be executed on a “best effort” basis with brokers selected by the investment manager. The investment manager’s selection of a broker or dealer shall take into account such relevant factors as: (a) price and commission; (b) the broker’s facilities, reliability, and financial responsibility; and (c) the ability of the broker to effect securities transactions, particularly with regard to such aspects thereof as timing, order size, and execution of orders. The investment manager shall make all reasonable efforts to obtain the most competitive equity commission rate and to be no higher than $0.05 per share.

8. Fixed income security purchase and sale transactions must be executed on a “best effort” basis with brokers selected by the investment manager. The investment manager’s selection of a broker or dealer shall take into account such relevant factors as: (a) price and commission; (b) the broker’s facilities, reliability, and financial responsibility; and (c) the ability of the broker to effect securities transactions, particularly with regard to such aspects thereof as timing, order size, and execution of orders. The investment manager shall make all reasonable efforts to obtain the most competitive rate.

Investment Grade Fixed Income Manager Guidelines – Separate Account

1. All Investment Guidelines apply at time of purchase.

2. At no time may any derivative be utilized to leverage the portfolio for speculation.

3. A non-government or non-agency single security may not comprise more than 3% of the portfolio’s overall allocation after accounting for price appreciation.

4. A non-government or non-agency security from any one issuer may not comprise more than 5% of the portfolio’s overall allocation after accounting for price appreciation.

5. A single U.S. Government or U.S. Agency security may not comprise more than 10% of the portfolio’s overall allocation after accounting for price appreciation.

6. Investments in Rule 144a securities are permitted if i) the securities have registration rights requiring the issuer to swap the securities for fully registered publicly traded bonds, or ii) absent registration rights, a) the manager believes the securities to be as liquid as comparable publicly registered bonds, and b) the issuer or the issuer’s parent has publicly traded equity, or if the issuer or the issuer’s parent does not have publicly traded equity they are required by prospectus to make quarterly and annual financial statements available to bondholders that are substantially similar to the reporting requirements of a public company. Rule 144a securities may not make up more than 5% of the portfolio’s overall allocations after accounting for price appreciation.
7. The average duration of the portfolio is not to vary more than +/-20% of the duration of the respective index.

8. The average quality of the overall portfolio may not be less than AA rated.

9. Manager will use the following methodology to determine compliance with quality:
   - If rated by Moody’s/Standard & Poor’s/Fitch, use middle ratings.
   - If only rated by two of the aforementioned agencies, use lower rating.
   - If only rated by one of the aforementioned agencies, use that rating.

10. No security may be purchased that is not investment grade. If a security is downgraded to below investment grade by any of the rating agencies, the IOC, finance department, and the investment advisor must promptly (within 30 days) be informed as to the security’s information and the investment manager’s plan of action in regard to the security. The manager should use his discretion in selling a bond whose rating has been downgraded to below investment grade.

11. No foreign securities will be allowed in the portfolio without prior consultation with, and approval by, the IOC.

12. Unless otherwise directed, the investment manager may only hold up to 15% of its portfolio in a money market fund, cash vehicle, or cash-equivalent vehicle.

**U.S. Equity Manager Guidelines – Separate Account**

1. The portfolio should be invested in marketable equity securities only.

2. The portfolio must seek to be fully invested at all times with a 10% maximum allowable cash exposure at any one point in time.

3. U.S. equity investments are limited, in any one company, to a maximum of 7% at time of purchase or on a cost basis of the total equity allocation being managed by a single investment manager. If a security exceeds 7% of the portfolio’s value based upon a case of price appreciation, the security does not have to be sold immediately. The IOC, finance department, and investment advisor must be promptly informed of the investment manager’s plan of action in relation to the security.

4. No foreign security will be allowed in the portfolio unless available in American Depository Receipts (ADRs) on a U.S. exchange, is primarily or exclusively traded on a U.S. exchange, or is included in the assigned benchmark. ADRs are limited to no more than 10% of an individual investment manager’s portfolio on a market value basis.

5. No holding by an individual investment manager may represent more than 5% of the outstanding stock of the issuing company.

6. If in any calendar quarter the turnover of equity investments exceeds 30% of the market value of a portfolio, the investment manager will promptly submit a detailed explanation of the trading activity. (Turnover shall be calculated as the ratio of the proceeds of equity sales to the market value of equities at the start of the quarter).

**Commingled, Mutual, Collective, or Pooled Funds Specific Guidelines**

1. Commingled, mutual, collective, or pooled funds may be used. Commingled, mutual, collective, or pooled funds used by the Fund must adhere to the written objectives and guidelines as established in the contract, prospectus, or participation agreement. If at any time the fund deviates from these guidelines or investment objectives, a new fund or separate account manager will be substituted for the current option.

**Guidelines for Alternative Investments**

1. The Board approved an allocation up to 20% of the Association’s Long Term Reserves in alternative investments strategies. The goal of the allocation into these strategies is to further diversify Association’s Long Term Reserves in investment strategies which typically have lower volatility than the stock market and little correlation to the directional moves of both
equities and traditional fixed income investments. Alternative strategies are listed in Appendix B.

2. By definition alternative investments will be defined as any investment outside of traditional stocks (equity), bonds (fixed income) and cash. These investments are primarily classified as alternative because they are private investments with limited liquidity (typically quarterly or yearly).

3. Any recommendations to invest with a new alternative investment manager or within a new alternative asset class requires full board approval.

4. Hedge fund of funds or opportunities with similar risk management properties are permissible investments given that are approved by the Board at such time as they are presented.

5. Real estate investments are permissible only through an open end core commercial real estate fund managed by an investment manager. Direct investment in real estate physical properties is prohibited.

6. Investments in closed end illiquid limited partnerships are prohibited.

Prohibited Transactions

1. Prohibited transactions include, but are not limited to direct short selling, margin transactions, and securities lending transactions.

Securities Restricted From APA Investments

(For restricted securities reference page 7, Section 2)
APPENDIX A: SPECIFIC INVESTMENT GOALS

The following goals are in effect until modified by the Investment Oversight Committee (IOC) and the Board. The IOC will review these goals periodically to ensure they remain consistent with the investment strategy of the Association.

SPECIFIC INVESTMENT GOALS

Over the investment horizon established in this statement, it is the goal of the Fund to exceed an absolute real rate of return, which is in excess of inflation, of 5%, or a total rate of return of 5% plus the Consumer Price Index (“CPI”), which is a measure of inflation, net of all fees [fees include management advisory fees and custody charges].

A total rate of return of CPI + 5%, net of all fees, hereinafter “net return”, over a rolling three, five, and ten year period is required. A current target asset allocation (Appendix B) has been chosen in order to increase the probability of achieving the required net return and provide a hedge against inflation.

The investment goals above are the objectives of the aggregate Fund, and are not meant to be imposed on each investment account (if more than one account is used). The goal of each Investment Manager, over the investment horizon, shall be to:

1. Meet or exceed the market index, or blended market index, selected and agreed upon by the IOC that most closely corresponds to the style of Investment Management.

2. Display an overall level of risk in the portfolio which is consistent with the risk associated with the desired rate of return specified above. Risk will be measured by the standard deviation of quarterly returns. The Fund will be diversified among various market sectors in order to achieve the desired return with the least possible risk.
APPENDIX B: AGGREGATE FUND ASSET ALLOCATION GUIDELINES

Investment management of the assets of the Association shall be in accordance with the following asset allocation guidelines. When the maximum in any asset class is reached, the portfolio may be rebalanced back to the preferred mix during the following quarter.

The IOC will periodically review these guidelines to determine if the Fund is in compliance. When guidelines are exceeded, the IOC will instruct the Investment Managers to rebalance the portfolio in accordance with the Fund’s Investment Policy Statement.

The allowable ranges provide flexibility for shifts in the actual asset allocation to take advantage of market conditions. Unexpected changes in market values may, on occasion, cause the actual allocation to fall outside of the allowable ranges. In that event, the IOC will review the asset allocation and determine what changes should be made in the current asset allocation, the allowable ranges, or both.

The maximum allocations within the alternative section specifically apply to each underlying asset class (hedge fund of funds and real estate) within the alternative classification. At no time can the total allocation to all alternative investments exceed 20% of the Long Term Reserves.

<table>
<thead>
<tr>
<th>Traditional:</th>
<th>Minimum</th>
<th>Target</th>
<th>Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core Fixed Income</td>
<td>17.5%</td>
<td>22.5%</td>
<td>27.5%</td>
</tr>
<tr>
<td>High Yield Fixed Income</td>
<td>0.0%</td>
<td>2.5%</td>
<td>5.0%</td>
</tr>
<tr>
<td>Bank Loans</td>
<td>0.0%</td>
<td>2.5%</td>
<td>5.0%</td>
</tr>
<tr>
<td><strong>Total Fixed Income</strong></td>
<td><strong>22.5%</strong></td>
<td><strong>27.5%</strong></td>
<td><strong>32.5%</strong></td>
</tr>
<tr>
<td>All-Cap Core U.S. Equity</td>
<td>25.0%</td>
<td>30.0%</td>
<td>35.0%</td>
</tr>
<tr>
<td>Mid-Cap Growth U.S. Equity</td>
<td>0.0%</td>
<td>5.0%</td>
<td>10.0%</td>
</tr>
<tr>
<td>Small-Cap Core U.S. Equity</td>
<td>0.0%</td>
<td>5.0%</td>
<td>10.0%</td>
</tr>
<tr>
<td><strong>Total U.S. Equity</strong></td>
<td><strong>35.0%</strong></td>
<td><strong>40.0%</strong></td>
<td><strong>45.0%</strong></td>
</tr>
<tr>
<td>All-Cap Non-U.S. Equity</td>
<td>10.0%</td>
<td>15.0%</td>
<td>20.0%</td>
</tr>
<tr>
<td><strong>Total Non-U.S. Equity</strong></td>
<td><strong>10.0%</strong></td>
<td><strong>15.0%</strong></td>
<td><strong>20.0%</strong></td>
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<tr>
<td><strong>Cash or Cash Equivalents</strong></td>
<td><strong>0.0%</strong></td>
<td><strong>0.0%</strong></td>
<td><strong>5.0%</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Alternative:</th>
<th>Minimum</th>
<th>Target</th>
<th>Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fund of Funds - Hedged Equity</td>
<td>0.0%</td>
<td>5.0%</td>
<td>10.0%</td>
</tr>
<tr>
<td>Fund of Funds - Multi-Strategy</td>
<td>0.0%</td>
<td>5.0%</td>
<td>10.0%</td>
</tr>
<tr>
<td><strong>Total Hedged Fund of Funds</strong></td>
<td><strong>5.0%</strong></td>
<td><strong>10.0%</strong></td>
<td><strong>15.0%</strong></td>
</tr>
<tr>
<td>Real Estate - Core</td>
<td>2.5%</td>
<td>7.5%</td>
<td>12.5%</td>
</tr>
<tr>
<td><strong>Total Real Estate</strong></td>
<td><strong>2.5%</strong></td>
<td><strong>7.5%</strong></td>
<td><strong>12.5%</strong></td>
</tr>
</tbody>
</table>
## APPENDIX C: INVESTMENT MANAGER STRUCTURE

<table>
<thead>
<tr>
<th>Asset Class</th>
<th>Relative Benchmark</th>
<th>Investment Manager</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core Fixed Income</td>
<td>BarCap U.S. Aggregate</td>
<td>Vanguard</td>
</tr>
<tr>
<td>Core Fixed Income</td>
<td>BarCap U.S. Aggregate</td>
<td>Baird</td>
</tr>
<tr>
<td>High Yield Fixed Income</td>
<td>BarCap High Yield</td>
<td>Delaware</td>
</tr>
<tr>
<td>Bank Loans</td>
<td>CSFB Leveraged Loan</td>
<td>Eaton Vance</td>
</tr>
<tr>
<td><strong>Total Fixed Income</strong></td>
<td><strong>BarCap U.S. Aggregate</strong></td>
<td></td>
</tr>
<tr>
<td>All-Cap Core U.S. Equity</td>
<td>Wilshire 5000</td>
<td>Vanguard</td>
</tr>
<tr>
<td>Mid-Cap Growth U.S. Equity</td>
<td>Russell MidCap Growth</td>
<td>Calamos</td>
</tr>
<tr>
<td>Small-Cap Core U.S. Equity</td>
<td>Russell 2000</td>
<td>Eagle Asset</td>
</tr>
<tr>
<td><strong>Total U.S. Equity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All-Cap Non-U.S. Equity</td>
<td>MSCI ACWI ex-U.S.</td>
<td>Vanguard</td>
</tr>
<tr>
<td>All-Cap Non-U.S. Equity</td>
<td>MSCI ACWI ex-U.S.</td>
<td>Dodge &amp; Cox</td>
</tr>
<tr>
<td><strong>Total Non-U.S. Equity</strong></td>
<td><strong>MSCI ACWI ex-U.S. IMI</strong></td>
<td></td>
</tr>
<tr>
<td>Fund of Funds-Hedged Equity</td>
<td>HFRX Hedged Equity</td>
<td>Common Sense</td>
</tr>
<tr>
<td>Fund of Funds-Multi-Strategy</td>
<td>HFRX Global</td>
<td>Corbin</td>
</tr>
<tr>
<td><strong>Total Hedged Fund of Funds</strong></td>
<td><strong>HFRX Global</strong></td>
<td></td>
</tr>
<tr>
<td>Real Estate – Core</td>
<td>NFI ODCE</td>
<td>Morgan Stanley</td>
</tr>
<tr>
<td><strong>Total Real Estate</strong></td>
<td></td>
<td></td>
</tr>
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</table>

### Other Fund Professionals:

<table>
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<tr>
<th>Professional</th>
<th>Provider</th>
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<tbody>
<tr>
<td>Commission Recapture Agent(s):</td>
<td>N/A</td>
</tr>
<tr>
<td>Custodian(s):</td>
<td>Sun Trust Bank</td>
</tr>
<tr>
<td>Investment Consultant:</td>
<td>Marquette Associates</td>
</tr>
<tr>
<td>Securities Lending Provider:</td>
<td>N/A</td>
</tr>
<tr>
<td>Third Party Administrator:</td>
<td>N/A</td>
</tr>
<tr>
<td>Proxy Voting Service:</td>
<td>N/A</td>
</tr>
</tbody>
</table>
APPENDIX D: INVESTMENT PROFESSIONAL ADOPTION OF POLICY

This Investment Policy Statement was adopted by the American Psychiatric Association on December 2012.

Investment Professional's Acknowledgments:

The firm has received this copy of the Long Term Reserves Investment Policy Statement. The firm has studied its provisions and believes that we can both abide by its restrictions and fulfill its goals and expectations over the timetables set forth in the Policy.

________________________________
Firm Name

________________________________
Investment Professional
# TRAVEL REIMBURSEMENT POLICY

**Objectives of this policy are to:**

- Define reimbursable travel expenses;
- Provide for economical and convenient travel incurred for APA business;
- Ensure timely and accurate reimbursement to staff and members;
- Ensure timely and accurate accounting for travel expenses;
- Provide a policy that is easy for travelers to understand and follow;
- Provide simple and clear instructions for travel agency and/or travel software; and
- Provide a policy that is simple and clear to administer.

**Includes:**

travel reimbursements for members, staff and others traveling on official APA business, as well as travel advances for staff

**Applies to:**

All APA staff and members, and consultants including travel costs incurred for APA and APAF. Hereinafter, Association means APA and APAF.

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## General Principles:

Department heads authorized to approve Association travel expenditures are responsible for ensuring that expenditures are proper and have contemporaneous documentation that satisfies any need for justification of such expense to an outside party. Only travel costs incurred for Association authorized staff and members are reimbursable. Costs incurred for staff guests or member guests, who are not in attendance for Association business, are not reimbursable.

Travel costs are best managed through the determination of what trips and attendees are necessary to carry out Association objectives, rather than through administratively burdensome travel regulations. Travelers are reminded that travel arrangements should be the most economically feasible, and the procedures herein are not intended to mandate rigid adherence when exceptions will result in lower costs to the Association. The Association recognizes that travel inevitably encroaches on the traveler’s personal time. Therefore, this policy attempts to balance economic considerations and traveler convenience.

Since evaluation may require some degree of judgment, the following general guidelines provide a framework. **An expenditure is proper only if it meets all of the following tests:**

1. Necessary to satisfactorily accomplish official Association mission or goals.
2. Complies with all existing policies and procedures (including federal, state, and local regulations).
3. Does not appear to, nor does it actually, provide personal, political, or other non-business benefit to an employee or member without a justifiable, primary benefit to the Association.
4. Is within approved budgets.
5. Is appropriately approved. All requests for travel reimbursement must be signed off by a department head and/or staff liaison. All staff reimbursements must be approved by a manager (Finance cannot prepare a reimbursement for a staff person based on their signature alone). If requests are received without the second signature, they will be returned, delaying the reimbursement process.
6. Is reasonable under the circumstances.

- Costs will be charged to the department or component that authorized the travel.
- Staff and members are required to use ATC Travel Management, APA’s travel management company for air travel. Rail travel and lodging should be booked by the traveler and submitted for reimbursement. For group meetings, lodging may be arranged by the Meetings and Conventions Department.
- Officer’s travel is governed by the same principles; but is covered under a separate Officer Reimbursement Policy. (See Appendix W-4 of this manual).
- Reimbursement is made only for actual costs incurred. Therefore, requests for reimbursement for an amount equivalent to frequent flier, bonus points, discounts, complementary rooms or services, etc. will not be processed.
- Waiver of specific portions of this policy or the procedures described is available under extenuating circumstances at the discretion of the CEO/Medical Director, or designee, after review of documented reasons for departure from the policies/procedures.

## Payment Turnaround Time:

Reimbursements to staff and members shall be made, on the average, 10 business days after receipt of a completed and correct
Travel reimbursement request by the Finance Office. During high volume travel times surrounding major meetings, please plan for slightly longer turnaround times. All reimbursements are made by ACH deposit unless payment by check is authorized by the CFO or designee.

General Documentation Guidelines:
Members and staff who travel on official Association business may be reimbursed for legitimate expenses incurred on the travel. Requests for reimbursement must include the departure and return dates; the travel destination; the method of transportation used; and a statement regarding the business purpose.

The support required for reimbursement of meal expenses outside of travel is the original invoice or receipt and a description of the business purpose as well as a list of attendees. Although encouraged for all expenses, receipts are required for any individual item over $25.00 (unless it is billed directly to the Association).

- Payment from facsimiles such as photocopies or from statements instead of original invoices is generally a poor business practice, primarily because it increases the possibility of making duplicate payments. For this reason, payments should be made from original invoices or receipts. Copies will be accepted with a note explaining the reason.
- Credit card statements may not be used as a receipt.
- Detailed restaurant receipts showing food and beverage charges are required for all reimbursements pertaining to grant funded activities.

Requestors should ensure that signatures and addresses are legible, so that if a check is required, it is accurate and sent to the correct address. In addition, staff should ensure that requests always include a typed point of contact and phone number in the event there are questions about the request. Approvers should sign and print their name so if a question arises, the approver can be contacted. Members who have not previously received payment from the Association electronically should include a Direct Deposit Authorization form with their request for reimbursement.

Staff should ensure that all requests include a valid account code. Department heads and staff liaisons should contact the Accounting Department if they need a list of current account codes.

Travel Advances:
Travel advances are provided for staff only when paying travel expenses during a trip would be a burden for an employee. Non-staff travelers (e.g., members, consultants or fellows) may not request travel advances even if travel is for Association business. Requests are to include dates of trip, purpose of trip, account code, supervisor signature, and amount requested. Travel advances may be requested up to a maximum of the authorized maximum meal allowance plus a reasonable amount to cover transportation costs (e.g. to/from airport, hotel, meetings). Maximum meal allowance includes tips for meals. Travel advance requests must be received in Accounting at least 15 calendar days prior to when the traveler needs the payment and all prior advances must have been cleared prior to any new requests being granted. If you are required to travel on two separate trips less than ten days apart, you may receive an additional travel advance. Claims for substantiation of expenses for travel advances are to be submitted by the traveler within 10 business days of the date of return from the trip. IRS regulations require organizations to report travel advances as taxable income if reimbursement requests/reports are not received and processes on a timely basis. Travelers who received a travel advance must note the amount on the reimbursement request.

Reimbursement Guidelines and Documentation Requirements:
Individual meals, incidentals, and other expenses may not be charged through the Association’s Travel Management Company. Group meals may, with prior approval, be charged to an Association account. Lodging is direct-billed where possible. Individual meals, incidentals, and other expenses may not be direct-billed, but must be paid for by the traveler upon checking out, and are reimbursable subject to this policy.

The following expenses may be reimbursed when incurred as a necessary part of approved travel:

Transportation:

| Commercial Airline | APA has contracted with ATC Travel Management, which is charged to recommend the lowest practical non-refundable fares at the time of purchase. The Association is billed directly so there is no out-of-pocket expense. Members and staff are required to use this service when arranging airline reservations unless it is impractical to do so. The Chief Operating Officer (COO), or designee, may make waiver of this requirement. All travelers must activate an account and logon with ATC through the |

168 APPENDIX W-3: TRAVEL REIMBURSEMENT POLICY
In determining the lowest practical fare, the following guidelines should be used:

- The lowest available non-refundable coach or economy fare should be purchased. Travelers are encouraged to take advantage of lower airfares available with an extended stay-over, if the cost of the extra day/night’s stay and meals is less than the difference in ticket costs.
- In determining the lowest applicable fare, the Association recognizes that members and staff may not be able to fly at times when off peak fares are available. Members and staff will not be required to make connections or other travel that will unreasonably increase their travel time.
- Members and staff will not be required to remain at their destination longer than the scheduled duration of the meeting. If they wish to remain at their meeting site for longer periods of time, they may do so at their own expense. The Association will reimburse for an additional day/night’s stay at the meeting site only when independent documentation shows the airfare savings exceeds the cost of lodging, meals, and other allowable reimbursements associated with the extra stay.
- Tickets should be purchased as early as possible, once travel plans are confirmed. If the Association changes a meeting time, and members and staff who purchase tickets more than fourteen days in advance are required to pay a penalty, this penalty will be reimbursed.
- Using these guidelines, the Association’s travel management company will bill the Association for travel. Travelers may obtain frequent flier credit, advance seating/boarding passes, or special meals as desired.
- The Association does not cover costs for first class tickets or upgrades except when airtime exceeds 12 hours or no seats are available in the lowest fare class. Consideration may be given to covering the costs for airfare class upgrades in other extenuating circumstances (e.g. medical necessity,), but such request must be approved in writing by the CEO/Medical Director or designee prior to the purchase of the ticket, and the approval must be included with the reimbursement request. Baggage fees are considered a normal cost of travel, subject to reasonableness.

<table>
<thead>
<tr>
<th>Category</th>
<th>Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Local transportation</strong></td>
<td>Actual costs are reimbursable (receipt required for each ride over $25) for taxis, shuttles, or other commercial car services such as Uber or Lyft (basic level only). The Association’s policy encourages the use of hotel shuttles, airport shuttles, mass transit, and sharing of commercial transportation where feasible. The use of executive (or premium level) car service is not authorized.</td>
</tr>
<tr>
<td><strong>Parking fees</strong></td>
<td>Actual costs are reimbursable (receipt required if over $25).</td>
</tr>
<tr>
<td><strong>Toll road charges</strong></td>
<td>Actual costs are reimbursable (receipt required if over $25).</td>
</tr>
<tr>
<td><strong>Bus, train, non-commercial aircraft, etc.</strong></td>
<td>Bus, train, non-commercial aircraft, etc., is acceptable up to the costs allowable for the same trip by commercial airline. Travelers should select the economy or coach (lowest) fare class of travel, unless a higher fare class has been preapproved by the COO or designee. Whenever extra travel days are added to business trips for the convenience of the staff traveler, any resulting extra working days incurred must be charged to annual leave. In addition, amounts claimed for lodging, meals and other miscellaneous expenses are limited to the equivalent of those using the most economical means.</td>
</tr>
<tr>
<td><strong>Privately owned vehicles</strong></td>
<td>Use of privately owned vehicles is allowed if justified and authorized by the department head. Mileage allowances are paid at the rate published by the IRS for reimbursement for privately owned vehicles, currently 54 cents per mile, and are deemed to cover all operational expenses including gas, maintenance and insurance. This form of travel should be used only when it is determined that the cost of mileage reimbursement plus parking will not exceed the cost of airfare plus transportation to/from airport. Reimbursement for mileage will be limited to the equivalent cost of commercial travel.</td>
</tr>
<tr>
<td>Car Rental</td>
<td>Actual costs with receipts for economy size (if used by 1-2 travelers) or midsize (if shared by 3 or more travelers). Prior authorization for a rental car is required. A copy of the authorization must be included with the request for reimbursement. Rental Car Liability Insurance: Liability coverage normally provided by the rental car company does not carry forward to non-domestic locations. Therefore for international rentals, LIABILITY coverage (NOT the collision damage and loss waiver (CDLW) should be purchased when necessary, and is reimbursable. Check with the rental car provider for details.</td>
</tr>
</tbody>
</table>

Members and staff who mix personal travel with business travel will need to provide a detailed receipt showing the cost of each leg of the trip and reasonably split the total cost of the trip. |

**Lodging:**
Because the Association negotiates reduced rates for its travelers at hotels, whenever feasible and appropriate, accommodations will be secured in the designated hotel. Lodging is reimbursable at the actual cost of reasonable accommodations as supported by receipts. Only room charges and taxes may be direct billed (charged to the Association master account).

- Only single room accommodations are reimbursable (except in extenuating circumstances such as a Chairman being assigned a suite for purposes of holding meetings). If a guest shares the room or if a larger room is requested, only the amount equal to single room accommodations will be reimbursed.
- Costs for incidentals (room service, phone calls, tips, etc.) are to be paid upon check-out and submitted, as appropriate, for reimbursement. They may not be direct-charged to the Association’s master account.

**Meals and Beverages:**
Meals, including beverages and tips, are reimbursed at actual costs, subject to the maximum meal and incidental allowance provided by the Association. APA determines the allowance annually based on the General Services Administration meal and incidental expense (M&IE) published rates, which are updated annually. The allowance per trip will be calculated as the daily rate times the number of days over which travel occurs. The daily rate for 2016 is $74.

The Travel Expense Reimbursement Form has been revised to simplify reporting of meal expenses. Travelers may download the form from the APA Intranet (Finance Corner) or may request it from Finance by email.

The maximum meal allowance covers the cost of the meal as well as tips for meals. Receipts are required if the cost exceeds $25. Documentation shall include a list of participants, the business purpose and the detailed receipt for meal costs, as APA accounts for certain types of food and beverage separately. Alcoholic beverages are NOT reimbursed if the trip/meal is funded with federal dollars. Reimbursement for any meal funded by a federal grant or contact MUST include the detailed restaurant receipt.

Meals paid by credit card for two or more staff members must be charged by that staff member who is at the highest organizational level within the APA.

**Other:**
- Registration fees in conjunction with travel – actual costs; receipts or other positive proof of payment is required.
- Telephone, fax, copying, internet charges, and any other similar charges for official business use – reimbursement is subject to the Disbursements Policy; documentation must show business purpose, reasonableness of cost, necessity of incurring the charge. Receipts are required for any single charge exceeding $25.
- Tips for bellhops, porters, maids, and ground transportation – Only as justified by custom and within reason. Tips paid in conjunction with meals are included in the meal allowance and cannot be claimed separately. Receipts are required if a single tip exceeds $25.
## NOT REIMBURSED:

- Personal expenses (Personal hygiene items, magazines, movie rentals, laundry or valet service, golf fees, security or safe fees, etc.) Specific fees, however, may be required for special fundraising or other events and will be approved as appropriate.
- Travel insurance.
- Traffic and parking fines.
- Personal, political, social or other expenses, or costs paid or reimbursed from another source. Should unofficial expenses occur in conjunction with official business, include sufficient documentation to define a clear and just separation and allocation of expenses.
- First class airfare or upgrades, except those approved in accordance with this Policy.
- Additional costs and fees associated with changing travel plans when at the discretion of the traveler. Travelers making such changes through the online system or with the Association’s travel management company will be required to provide a form of payment at the timing of making the change. Reimbursement may be requested under limited circumstances and must be approved by the CEO or designee when:
  
- The Association canceled the event or changed the start time after travel arrangements had been made. 
  Reimbursement for a change in end time will be considered only if the end time is later than originally posted. 
- Illness or other significant personal emergency prevented the traveler from attending the event. 
- Unforeseeable and unavoidable work demands precluded the traveler from participating in the even in person.
APPENDIX W-4: OFFICER REIMBURSEMENT POLICY AND PROCEDURES

Overview
The annual budget of the American Psychiatric Association provides funds to its Eligible Officers to reimburse them for their efforts on behalf of the Association and to defray the cost of their travel and other expenses incurred in the course of these activities. Eligible Officers include the President and President-elect and the Speaker and Speaker-elect.

Policy
The officers' travel advance, paid as described below, is intended to cover eligible officers' expenses such as travel, lodging, airfare, ground transportation, meals and other costs incurred in the course of their official duties on behalf of the APA and includes an honorarium. Such expenses include:

- Meetings of Area Councils
- Meetings of District Branches and State Associations
- Attendance at special honorary events
- Travel to International Meetings
- Business class upgrades on air travel greater than 5 hours
- Business Entertainment
- Other travel related costs (meals, room service, bar/drinks, phone calls, car service) while on travel, if not listed separately below.
- Other APA meetings not listed separately below.

Exceptions to above policy:
Officer activities paid by other APA accounts include:

- Meetings of the Board of Trustees (Board budget accounts)
- The BOT Retreat (Board budget accounts)
- Meetings of the Assembly (Assembly budget accounts)
- Fall Component Meetings (Component budget accounts)
- Scientific Program Committees meetings (Annual Meeting budget accounts)
- The Joint Reference Committee (Joint Reference Committee budget accounts)
- Meetings of the, APAF Boards where the officer is a member or ex officio member of the Board. (Subsidiary budget accounts)
- AMA travel related expense will be separately reimbursable to the President. (Board budget accounts)

Expenses for these meetings will be reimbursed at rates in accordance with normal APA policy, via submission of separate requests for reimbursement.

- Presidential receptions at Board of Trustees Meetings (Board budget accounts)
- Assembly Speaker's receptions during the two Assembly Meetings each year (Assembly budget accounts)
- In-room meals associated with official meetings sponsored by the Officer will be covered via billing to the APA master accounts for these meetings. (Board or Assembly budget accounts.) Other meetings held in the officers’ suites will be charged to the department sponsoring or arranging the meals and/or meeting.

Personal purchases at any meeting are the financial responsibility of the Eligible Officer and shall be paid by the Eligible Officer to the hotel at checkout or to the APA following a review of the account by APA.

Payment Procedure
Budgeted funds will be applied to:

- A seven month period from June [beginning month of officer’s term] through December [end of fiscal year], and,
- A five-month period from January [the first day of the fiscal year], through May [month of expiration of office’s term].
Each Eligible Officer shall receive an APA check representing their Board approved budgetary allotment in two installments as follows:

- June 1: 7/12 of the approved amount
- January 2: 5/12 of the approved amount

Eligible Officers will not be required to file a written request to APA for these funds. APA will issue checks automatically.

**Honoraria**

APA will provide an advance payment of honoraria. Honoraria is taxable to the recipient in the year in which the honorarium was received, as it is intended to partially offset lost income due to participating in APA activities. Since the income would have been taxable, there is no additional negative impact to having the honoraria taxable.

<table>
<thead>
<tr>
<th>Honoraria</th>
<th>June payment</th>
<th>January payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>President</td>
<td>127,200</td>
<td>74,200</td>
</tr>
<tr>
<td>President-elect</td>
<td>61,200</td>
<td>35,700</td>
</tr>
<tr>
<td>Speaker</td>
<td>45,300</td>
<td>26,425</td>
</tr>
<tr>
<td>Speaker-elect</td>
<td>30,300</td>
<td>17,675</td>
</tr>
</tbody>
</table>

**Travel and Meals Expenses**

APA has established a reimbursable plan for travel and meals expenses, which eliminates the need for the officer to claim meal and travel expense as deductions on their tax returns. Unspent funds must be returned to the APA by the end of each calendar year. APA provides the officer the advance, with no amounts “grossed up”. The officer keeps records, submits a reimbursement report to APA, and returns unspent advance funds to APA at the end of each calendar year. Within 15 days of the calendar year end the officer must submit a report that details the purpose of the trip, travel dates, expense amount, copies of the travel receipts and any unspent travel advance. The officer should maintain original receipts in their records in the event of an audit. It is suggested that the officer set up a separate credit card and checking account to easily track expenses and reimbursements. APA is required to issue a tax form 1099 if the report is not received by January 15th of the year immediately following the expense year.

<table>
<thead>
<tr>
<th>Travel Advance</th>
<th>Amount held centrally</th>
<th>Amount provided to Officer</th>
<th>June payment</th>
<th>January payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>President</td>
<td>60,500</td>
<td>5,000</td>
<td>55,500</td>
<td>32,375</td>
</tr>
<tr>
<td>President-elect</td>
<td>44,300</td>
<td>5,000</td>
<td>39,300</td>
<td>22,925</td>
</tr>
<tr>
<td>Speaker</td>
<td>32,148</td>
<td>3,000</td>
<td>29,148</td>
<td>17,003</td>
</tr>
<tr>
<td>Speaker-elect</td>
<td>16,100</td>
<td>2,000</td>
<td>14,100</td>
<td>8,225</td>
</tr>
</tbody>
</table>

**Tax Reporting Requirements**

As in the past, APA shall abide by tax and other applicable law by reporting Eligible Officers’ payments to the Internal Revenue Service as taxable income on Form 1099.

Eligible Officers will receive a copy of Form 1099 filed with the IRS for the honoraria portion.

- Eligible Officers are responsible for maintenance of their personal record of expenditures to support any deductions claimed on their personal tax filings.
- It is recommended that officers consult with their personal accountant for tax reporting advice.
- Eligible Officers will be asked to sign a copy of the Officer’s Reimbursement Policy that will indicate their agreement with these procedures.

**Unanticipated Expenses**
In special situations, APA may provide for certain unanticipated expenses of Eligible Officers related to the furtherance of APA’s strategic goals, separate and apart from the payments described above. The officer must submit a letter stating the purpose of the meeting, why reimbursement above and beyond the stipend is requested, and the anticipated costs. The Executive Committee of the APA shall consider such unanticipated requests in advance. In certain unusual situations it is understood that advance approval may be difficult to obtain. By signing below, you agree to the policy & procedures stated in this document.

_______________________________________  _____________________
Signature                        Date
APPENDIX W-5: POLICY FOR THE ADMINISTRATION OF AWARDS

June 1992; Revised March 2003; December 2013; March 2016

Approval Process to Establish New Awards

The approval process for new awards begins with presentation of the award proposal to the appropriate council. The council will make a recommendation regarding the proposal to the Joint Reference Committee, which will then act on the recommendations. The Board of Trustees must make final approval.

Approval through the APA or APAF Executive Committee may be sought in cases requiring immediate action. However, the usual system of approval is preferred since it incorporates the collective knowledge and judgment of several components. Whenever possible, proposals for new awards should proceed through the established system, which is designed to encourage participation at several levels.

A. Policies/Procedures for Existing Awards

1. Administrative Components: The administrative component for an award may be either 1) an existing component or council that administers an award as part of its responsibilities; or 2) an award committee that has been established specifically to administer an award. The administration of an award includes 1) monitoring funding; 2) handling publicity and the annual call for submissions/nominations; and 3) selecting the award winner and notifying all required components. The chairperson of the administrative component may be requested to present the award to the winner.

For awards residing in APAF: The APAF, in consultation with the APA President-Elect, appoints the selection committee, and includes representation from the APAF and the relevant Council/Component of the fellowship. Terms will be for two years with the option to be renewed for a second two year term.

For awards residing in APA: The award nominees may be selected by a specified Council or by an award selection committee appointed by the APA President-elect.

2. Funding - Component's Responsibilities: It is the responsibility of the staff liaison of the administrative component, to monitor income and expenses of the award, to ensure the financial stability of the award, and to work with CEO’s Office and the American Psychiatric Association Foundation to secure outside funding arrangements when necessary. Funding for an award must be in hand prior to the deadline for selection of winners. The staff liaison must ensure that the chairperson of the administrative component is kept current on all of the aforementioned activities. Funding requirements and procedures are set forth in the Association’s Gift Acceptance Policy.

3. Types of Funding for Awards:

Funding by Bequest or Grant: The administrative component must ensure that all its expenses, including honoraria, are provided by the interest earned on the bequest or grant, without erosion of the principal. Interest is posted annually to each award account. If expenses are such that they cannot be sustained by the annual interest, operations should be streamlined to reduce expenses. Such streamlining can include: decreasing the amount of honoraria; eliminating travel expenses; or conducting award business by mail or telephone rather than in person.

Co-sponsored Awards: Award co-sponsors may provide full or partial funding in support of an award. Funding may include honorarium (and travel expenses, if the co-sponsor so stipulates) as well as operating expenses of the administrative component, and the standard overhead charge for grants. The administrative component is responsible for sending invoices or otherwise securing the funds from the co-sponsor. A letter of agreement or a Memorandum of Understanding must be in place where the APA, APAF and an outside organization are co-sponsors of the award.

It is recommended that arrangements with co-sponsoring organizations include periodic review and renegotiations. For example, an arrangement for a five-year period should allow for renegotiations at the end of three years. Thus, if a co-sponsor plans to withdraw support, two years remain in which to make alternate arrangements.

If a co-sponsoring organization solicits funds for the award from another source, approval must be secured from the Scientific Program Committee before that source can be acknowledged in the Annual Meeting Program.
Awards with Annual Funding from Various Sources: Some existing awards do not have an established source of funding and financial support must be sought each year. The administrative component must work with the CEO’s Office to secure funding. An award cannot be presented unless funding is in hand prior to the deadline for selection of winners.

4. **Conditions of Awards:**

**Publicity/Announcement Regarding Awards:** It is the responsibility of the administrative component to prepare and disseminate announcements and publicity for an award. In most cases, announcements or requests for nominations or submissions are placed in *Psychiatric News* and other print and electronic publications. Sources of potential candidates, such as university and hospital departments of psychiatry, may also be contacted. While the co-sponsor may be cited in the publicity prepared by the administrative component, it should remain absolutely clear that the Association presents the award. Co-sponsoring organizations are not empowered to publicize Association awards. All announcements and publicity of awards, including publicity regarding award winners, must be prepared or approved by the administrative component and/or council prior to publication.

**Changes in Conditions/Procedures:** An administering component may propose changes in the selection procedures or other conditions (i.e., amount of honoraria, inclusion/exclusion of travel expenses) for its award. Such changes must be approved by the appropriate council and the Joint Reference Committee, and, particularly if the change requires an update of the *Operations Manual*, by the Board of Trustees or the American Psychiatric Association Foundation Board of Directors if the APAF Board approves the award and announces the awardees to the Board of Trustees, for inclusion in the Operations Manual. If an award was established by a bequest, the conditions/procedures may be clearly outlined in the bequest and, therefore, may not be changed. If an award is co-sponsored, the co-sponsoring organization may need to be consulted before changes can be made.

**Expanding or "Splitting" of Awards:** Some components have requested permission to expand an established award to include several recipients on a permanent basis. This splitting is not encouraged. Any requests must be approved by the appropriate council.

5. **Procedures for Selection of Winners**

**General Procedures:** Selection procedures should be clearly defined and include method of soliciting submissions/nominations, requirements for submission (papers, nominating letters, etc.), and criteria used in selection. These are often determined by the conditions of the bequest/grant, by agreements with co-sponsoring organizations, or by the administrative component. The appropriate council and Joint Reference Committee must approve any change in these procedures.

**Publicizing the Names of Award Winners Prior to Award Presentation:** Traditionally, the names of winners of Association awards are not made public until the actual presentation of the award during the Convocation or elsewhere. However, periodically an award winner will request permission to make the announcement after he or she has been notified of selection for the award but prior to its actual presentation. Such announcements will be allowed when appropriate, but clearance must be secured first from the appropriate council.

**Multiple Winners:** No more than one individual or one team of individuals can be selected for any given award. In case of a tie vote by the administrative component, the component chairperson must receive permission from the appropriate council before designating multiple recipients for the award.

**Notification of Winners:** The staff liaison to the administrative component and/or appropriate council will draft a letter of notification/congratulations. For awards approved by the APA Board of Trustees, the letters will be reviewed and signed by the APA CEO. For awards approved by the American Psychiatric Association Foundation, the letters will be reviewed and signed by the APA CEO and who is also chairman of the APAF Board. Funding must be in hand for the awards and the name of the selected winner must be submitted to the components listed in the paragraph below.

**Selection Deadlines for Awards:**

**NOTE:** Please refer to the Timeline for Award Approval and the Awards Review Form attached to this Appendix.
**Awards Approved by the APA Board of Trustees:** The award administrative components must submit for consideration by the council to which they report, the award nominee’s name and requisite award review form, for all awards approved by the APA Board of Trustees, not later than the council’s meeting during the Fall component meeting. The council will forward this information to the Joint Reference Committee for the JRC’s Fall meeting by the report deadline or October 1st, whichever comes first. The JRC will present to the Board of Trustees at their December meeting the award nominees. Once approved by the Board of Trustees, the Scientific Program Committee and the CEO’s Office will be notified of the award winner and a letter of notification/congratulations will be sent to the awardee.

**Awards Approved by the APAF Board of Directors:** The award administrative components must submit the award nominee’s name and requisite award review form for all awards approved by the APAF Board of Directors by the report deadline for the Foundations’ fall board meeting or by October 1st, whichever comes first. The APAF Board of Directors will inform the APA Board of Trustees of the approved award winners in the APAF’s report to the Board of Trustees at their meeting in December. Once the APA BOT has been notified, the awardee, the Scientific Program Committee and the CEO’s Office will be notified and a letter of notification/congratulations will be sent to the awardee.

**B. Procedures for Establishing New Awards**

The following items should be considered carefully in preparing a proposal to establish a new award. The Joint Reference Committee reviews all proposals.

1. **Administrative Components:**

   The administrative component might be an existing Association component that already has other responsibilities or it might be a specific award committee. If establishment of an award committee is requested, the number of members should be specified, and projections should be made regarding its expenses. Appointments to the new award committee will be made by the President. If an existing component proposes to accept responsibility for an award, expenses should be projected and included in the component’s budget request, or an outside funding arrangement should be secured.

2. **Funding** (see section 3 above for possible types of funding for awards)

   If co-sponsorship with another organization is proposed, arrangements with that organization should include a written agreement on a) the amount of the honorarium; b) the expected amount of operating expenses; and c) whether travel expenses will be included. It is strongly recommended that the honorarium and any expenses for the winner, operating expenses, and the standard overhead costs, be provided by the co-sponsoring organization. The source of all funding for a new award, including the source of any Association portion, must be clearly defined in the proposal. It is also strongly recommended that any arrangement with a co-sponsoring organization be established for a five-year period, subject to renegotiations at the end of three years. If the co-sponsoring organization prefers to fund the award through a lump sum contribution, the required funding base is set forth in the Gift Acceptance Policy.

3. **Conditions/Description of the Award**

   **Purpose of the Award:** The purpose of an award can be to encourage/reward/acknowledge outstanding contributions in a particular field of psychiatry (such as research, forensic psychiatry, child psychiatry, or clinical work) or to honor a deceased APA member known for contributions in a particular area.

   **Naming of the Award:** A proposed name for the new award should be selected. Note that it is the policy of the Association that no award shall be named for a living person, with the exception of an award for Association staff.

   **Description of the New Award:** The award proposal should clearly specify the following: amount of honorarium; if a plaque is awarded; if travel expenses to the Annual Meeting are included; if mandatory or optional lecture is included; and other items provided to or required of the award winner. In general, travel expenses are not provided to winners who are members of the Association, unless expressly included in an agreement with an outside funding source. The description should also include the administrative component/council’s recommendation to the Joint Reference Committee as to when and where the award should be presented. As noted in the paragraph below, the final decision will be made through consultation with the award component/council, Joint Reference Committee, and the Scientific Program Committee.
Annual Meeting Lectures: Because of limited available time for lectures at the Annual Meeting, award components are requested to consider alternate sites for lectures and/or the possibility of presenting the lectures in alternate years. Recently established awards with lectures have been approved with the provision that an annual meeting lecture will be optional rather than mandatory, with the decision made through consultation between the administrative component and the Scientific Program Committee.

4. Procedures for Selection of Winner(s)

Selection procedures shall be clearly defined in the proposal. These procedures include method of nomination, types of submissions, and a component to administer the award and select the winner.

Eligibility/Nominations: Types of nominations include self-nomination, nomination by an institution, group or individual other than the nominee, or nomination by the administrative component. Eligibility requirements might include APA membership, years of service, years of work in a given area, etc.

Submissions: Types of submissions include copies of published or unpublished papers, letters of nomination, or other documents to support the nomination.
To ensure the timely approval of awards by the APA Board of Trustees, it is imperative that all award administrative components adhere to the timelines detailed below for obtaining approval of the nominee(s) for their award.

<table>
<thead>
<tr>
<th>MEETING/EVENT</th>
<th>WHEN</th>
<th>WHAT/WHY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nomination Deadline</td>
<td>June 1</td>
<td>Award components meet to review and select the award nominees.</td>
</tr>
<tr>
<td>Award administrative components</td>
<td>Any time between June and September</td>
<td>Award components meet to review and select the award nominees.</td>
</tr>
<tr>
<td>Council Meetings – Fall Component Meetings</td>
<td>September</td>
<td>Councils review and approve each award nominee as presented by each administrative component. The nominee and award form are forwarded to the Joint Reference Committee by its fall meeting deadline or October 1st, whichever comes first.</td>
</tr>
<tr>
<td>Joint Reference Committee</td>
<td>Fall/October</td>
<td>The JRC reviews each award nominee and makes a recommendation to the Board of Trustees.</td>
</tr>
<tr>
<td>Board of Trustees</td>
<td>October December</td>
<td>The JRC submits to the Board of Trustees for consideration, the nominees (and award forms) for each award.</td>
</tr>
<tr>
<td>CEO’s Office</td>
<td>December</td>
<td>The CEO reviews and signs letter of notification and congratulations for each award winner</td>
</tr>
<tr>
<td>MEETING/EVENT</td>
<td>WHEN</td>
<td>WHAT/WHY</td>
</tr>
<tr>
<td>----------------</td>
<td>-----------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
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<td>Council Meetings – Fall Component Meetings</td>
<td>September</td>
<td>Councils review and approve each award nominee as presented by each Award administrative component. The nominee’s name and award form are forwarded to the American Psychiatric Association Foundation by its fall meeting deadline or October 1st, whichever comes first.</td>
</tr>
<tr>
<td>American Psychiatric Association Foundation</td>
<td>Fall/October</td>
<td>The American Psychiatric Association Foundation Board of Directors considers and approves the nominees (and award forms) for each award.</td>
</tr>
<tr>
<td>Board of Trustees</td>
<td>December</td>
<td>The American Psychiatric Association Foundation Board of Directors notifies the American Psychiatric Association’s Board of Trustees of the award nominees that it approved.</td>
</tr>
<tr>
<td>CEO’s Office</td>
<td>December</td>
<td>The CEO reviews and signs letter of notification and congratulations for each award winner.</td>
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</tbody>
</table>
AMERICAN PSYCHIATRIC ASSOCIATION

AWARD REVIEW FORM

APA Board of Trustees Instructions:
Please complete this form in its entirety and forward it to the council to which the award component reports along with the award nominee. The Council will forward this documentation to the Joint Reference Committee (lmcqueen@psych.org) not later than October 1st.

APA Foundation Instructions:
If the award will be approved by the American Psychiatric Association Foundation Board of Directors, please return the form to Amy Porfiri (aporfiri@psych.org) not later than October 1st.

AWARD NAME:

NAME OF AWARD ADMINISTRATIVE COMPONENT:

CHAIRPERSON: _________________________________________

STAFF LIAISON: _________________________________________

[Please note if any of the information listed below revises what is currently listed in the APA Operations Manual or if this award needs to be added to the Operations Manual.]

Description of Eligibility for Award:

Description of Selection Criteria for Award:

Award Funding Information: [Please complete the following if applicable]
Cost for Plaque:
Cost of Cash Award:
Cost of Lectureship:
Other (please list):

Award Account Balance: ___________________ (as reported by APA Online Financials)
Date Balance Determined: ________________

Award Nominee(s): _____________________________________________

( Please attach a biosketch and any letters of nomination or support for this individual)

Description of the Committee’s Selection Process:
APPENDIX W-6: CREDIT AND COLLECTIONS POLICY

Objectives

- To establish a clear guide for making consistent credit decisions to maximize profitable sales within the bounds of efficient credit controls.
- To establish guidelines governing the extension of credit, the collection of indebtedness, and the administration of accounts receivable.

Applies to

APA and APAF

General policy statement

- It is the policy of the APA to extend credit consistent with the dual goal of promoting maximum profitable sales and protecting our investment in accounts receivable with minimum credit loss. Credit arrangements must be made to enable APA to sell competitively and to collect effectively.
- It is recognized that credit and collection procedures may vary depending on the nature and size of the individual business relationship. Every effort is made to build broad and durable relationships based upon positive and constructive attitudes.
- The APA credit and collection policy is an integral part of our cash management process. While the procedures can be flexible, the terms of the relationship must recognize the impact extending credit has on the APA cash position. Therefore, any changes or additions to the credit and collections policy must be approved by the Chief Financial Officer prior to implementation.

Credit limits

Credit limits are established based on industry standard and on the creditworthiness of the customer. Creditworthiness considers payment history and credit rating. Credit checks are performed by the Credit & Collections Manager. Every new customer must provide a credit application and go through a review process. A credit review of past payment history is performed for accounts that have been inactive for at least 12 months. For credit over $5,000, a copy of the Dun & Bradstreet report should also be on file. New credit applications for limits $5,000 and over require the approval of the CFO. Credit checks are updated continuously based on order and payment history. For customers with limits at $50K or greater, credit terms are evaluated based on volume, returns, and payments. Orders are put on hold and credit limit lowered if payment lags.

Payment terms

Payment terms for all credit is net 30 days; except for wholesalers and agencies, for whom the terms are net 90-120 days. Exceptions must be approved by the CFO.

Billing and Collections

Billing frequency is established based on industry standard and APA practice and may vary by customer. A third party billing company sends out the invoices related to journal advertisements and all other publishing related invoices are sent out by publishing operations. Receipts are recorded daily to facilitate review of payment history prior to extending new or additional credit. For all types of accounts, late notices are sent if an account is over 90 days late and no further credit is extended until balances are paid in full. Collection calls are made after 120 days. Balances are proposed for write-off after 24 months; write-offs require CFO approval.

Accounts Receivable

Accounts receivable aging reports will be prepared monthly and submitted to the CFO for review. Details by customer must be available upon request, e.g. amount outstanding, aged, payment history, copy of credit application, date of last credit check, Dun & Bradstreet report (if over $5K), collection efforts (copies of letters, date and notes from telephone conversations).

Risks of payment types

- Checks returned "NSF" (Insufficient funds) represent an extension of credit until paid. Letters are sent from the finance office to the creditors. Copies of the letters are sent to publishing operations. The customer is placed on credit hold and no further orders or shipments are processed until cleared.
- Starter checks (checks that do not have the name of the account holder preprinted on it) are not accepted.
- Checks drawn on foreign banks or in foreign currency are not accepted.
- Credit card orders are not released until the credit card clears. Credit cards received through the lockbox are handled the same way as returned checks.
Returns and credit memos
Return must be in salable condition to be eligible for credit. Returns are accepted for a time period based on industry standard and may vary by product or customer. Shipping and handling charges for original shipment will not be reimbursed and shipping of returned goods will be borne by the customer. Additional fees (e.g. stocking fees) may be charged, based on industry standards.
### APPENDIX X: REQUIREMENTS FOR REPRESENTATIVES APPOINTED BY APA TO OTHER ORGANIZATIONS

(See also Chapter Eight, Section A, of this manual)

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<tr>
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<tr>
<td>American Association for Advancement of Science (AAAS)</td>
<td>The organization for all of science, AAAS publishes <em>Science</em>, the most prestigious journal in the field.</td>
<td>3 APA representatives, one each to Sections of Medical Sciences, Neuroscience, &amp; Psychology</td>
<td>Division of Research</td>
<td>ABPN</td>
<td>ABPN</td>
<td>Division of Education; Council on Medical Education &amp; Lifelong Learning</td>
<td>ABPN executive director files annual report with APA that is published in <em>AJP</em></td>
<td>No</td>
<td>Yes</td>
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<tr>
<td>American Board of Psychiatry &amp; Neurology, Inc. (ABPN)</td>
<td>APA, with AMA, is the nominating committee for psychiatry. (See Chapter 8 for details.)</td>
<td>ABPN Directors</td>
<td></td>
<td>Nominated by APA President for appointment by ABPN. Recommendations for appointments are made to the President by Medical Director, Director, Division of Education, &amp; Chair of Council on Medical Education &amp; Lifelong Learning. (See Chapter 8 for appointment details.)</td>
<td>ABPN</td>
<td>Division of Education; Council on Medical Education &amp; Lifelong Learning</td>
<td>ABPN executive director files annual report with APA that is published in <em>AJP</em></td>
<td>No</td>
<td>For reelection to a second term: (a) nomination for reelection is not automatic; (b) Director's performance is evaluated informally giving consideration to participation in committees &amp; activities of ABPN as well as in those of APA; &amp; (c) Directors eligible for a second term are renominated by the APA, unless there is concern about the incumbent's participation in relevant activities.</td>
</tr>
<tr>
<td>American College of Psychiatrists - PRITE Editorial Board</td>
<td>APA has question-writing spots on the PRITE board.</td>
<td>2 APA Representatives</td>
<td>3 year terms. One reappointment/ February 16 - February 15</td>
<td>APA President nominates &amp; PRITE board appoints, with understanding that whomever APA nominates will be accepted</td>
<td>American College of Psychiatrists</td>
<td>Division of Education</td>
<td>Yes</td>
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**APPENDIX X: REQUIREMENTS FOR REPRESENTATIVES APPOINTED BY APA TO OTHER ORGANIZATIONS** 187
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<td>American Medical Association (AMA) APA AMA Delegation</td>
<td>Represents APA in AMA House of Delegates; advocates on behalf of patients &amp; psychiatry for the priorities of APA. (See Chapter 8 for details.)</td>
<td>Delegation meets with other psychiatry-related medical specialty societies (Section Council on Psychiatry) as well as with other medical societies and AMA state organizations that make up the AMA House of Delegates (HOD) twice/year to debate relevant medical issues, establish AMA policy and participate in appointed and elected leadership.</td>
<td>January to December terms (See Chapter 8 for tenure details)</td>
<td>APA President appoints delegates (See Chapter 8 for appointment details)</td>
<td>APA</td>
<td>Department of Reimbursement Policy</td>
<td>APA Senior Delegate reports to APA Board of Trustees &amp; Assembly on actions taken by AMA House &amp; on any other matters relevant to APA.</td>
<td>Yes</td>
<td>Senior Delegate evaluates delegation’s performance &amp; reports to the APA President. Those evaluations are considered in determining the retention, demotion, or promotion of the individual delegate, alternate delegate, or Section Council representative. APA President evaluates Senior Delegate in consultation with APA AMA Delegation.</td>
</tr>
<tr>
<td>American Medical Association Resident &amp; Fellows Section (AMA-RFS)</td>
<td>Represents APA in AMA-RFS; advocates on behalf of patients &amp; psychiatry for the priorities of APA. (See Chapter 8 for details.)</td>
<td>RFS Delegates meet with the AMA-RFS twice/year prior to the AMA HOD meeting, to debate relevant medical issues, establish AMA-RFS policy, &amp; participate in leadership development &amp; networking opportunities.</td>
<td>2-year appointment, July to June terms. APA requires that appointee be a current resident or fellow</td>
<td>APA Division of Education solicits nominations &amp; sends recommendations to APA President for appointment.</td>
<td>APA</td>
<td>Department of Reimbursement Policy, Division of Education</td>
<td>Yes</td>
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<td>American Medical Association Young Physicians Section (AMA-YPS)</td>
<td>Represents APA in AMA-YPS; advocates on behalf of patients &amp; psychiatry for the priorities of APA.</td>
<td>Delegates serve as advocate &amp; voice of young physicians &amp; their patients, participate in policy development &amp; other activities of AMA &amp; the Federation.</td>
<td>2-year appointment, January to December terms. Renewable. APA requires that appointee be within 7 years of completing residency/fellowship.</td>
<td>Recommendation to APA president for appointment.</td>
<td>APA</td>
<td>Department of Reimbursement Policy, Division of Education</td>
<td>Yes</td>
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<tr>
<td>AMA Special Projects: (AMA IMGs Section)</td>
<td>Representatives to special AMA activities, projects, &amp; meetings</td>
<td>Represent the APA</td>
<td>APA President</td>
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<tr>
<td>AMA Special Projects: (AMA CPT Editorial Board)</td>
<td>Representatives to special AMA activities, projects, &amp; meetings</td>
<td>Represent the APA</td>
<td>APA President</td>
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<td>Office of Healthcare Systems &amp; Finance</td>
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<tr>
<td>AMA Special Projects: (AMA/Specialty Society RVS Update Committee)</td>
<td>Representatives to special AMA activities, projects, &amp; meetings</td>
<td>Represent the APA</td>
<td>APA President</td>
<td></td>
<td></td>
<td>APA Department of Reimbursement Policy</td>
<td>Reports to the Committee on RBRVS, Codes and Reimbursements</td>
<td>Yes</td>
<td></td>
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<tr>
<td>AMA Physicians’ Consortium on Performance Improvement</td>
<td>APA Representative &amp; Chair of Consortium’s Work Group</td>
<td>As focus of consortium changes, Council determines appropriate representative</td>
<td>Selected by Council on Quality Care</td>
<td>As chair of work group, expenses paid by AMA; meetings of work group &amp; consortium are contiguous</td>
<td>APA Practice Management &amp; Delivery Systems</td>
<td>No</td>
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<td>Association of American Medical Colleges/Council of Academic Societies (AAMC/CAS)</td>
<td>AAMC is the umbrella organization of US medical schools. (See Chapter 8 for details.)</td>
<td>APA’s liaison with the AAMC is through its representation on the CAS. There are 5 representatives (including CEO/Medical Director &amp; Director of Division of Education who serve ex-officio)</td>
<td>APA selects the representatives</td>
<td>APA pays dues per voting member.</td>
<td>Chief Executive Officer/Medical Director’s Office</td>
<td>No</td>
<td>APA reps to URAC, The Joint Commission, report to the Council on Quality Care. Reps discuss similar issues under consideration by accrediting organizations &amp; agree on an APA response.</td>
<td>Yes</td>
<td>Review how the representatives are appointed for best representation for APA. Perhaps require that representatives be from certain components &amp; report back to those components</td>
</tr>
<tr>
<td>Council of Medical Specialty Societies (CMSS)</td>
<td>APA is the medical specialty society that represents psychiatry on the council. (See Chapter 8 for details)</td>
<td>Representative &amp; alternate representative appointed to 2 The Joint Commission Professional &amp; Technical Advisory Committees (PTAC): Hospital Accreditation Program PTAC &amp; Behavioral Health PTAC</td>
<td>2 year terms with possibility of reappointment. Maximum term 6 years.</td>
<td>Nominated by APA President; appointed or confirmed by The Joint Commission Board of Commissioners</td>
<td>APA funds the air travel of the APA representative to yearly PTAC meetings. The Joint Commission pays for the representative’s lodging &amp; per diem.</td>
<td>Department of Reimbursement Policy Samantha Shugarman</td>
<td>APA reps to URAC, The Joint Commission, report to the Council on Quality Care. Reps discuss similar issues under consideration by accrediting organizations &amp; agree on an APA response.</td>
<td>Yes</td>
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</tr>
<tr>
<td>The Joint Commission (formerly JCAHO)</td>
<td>APA participates in the nation’s predominant standards-setting &amp; accrediting body in health care. (See Chapter 8 for details)</td>
<td>APA Representative on Board of Directors</td>
<td>No term. NCCHC states that APA may set its own term. Individual currently serving has been representative since 1989</td>
<td>Not set, but could be the APA President</td>
<td>APA is expected to fund the travel &amp; per diem of the representative’s attendance at 2 board meetings per year</td>
<td>NCCHC provides an annual report to the APA &amp; to its representative to the Board</td>
<td>No</td>
<td>Yes</td>
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</tr>
<tr>
<td>National Commission on Correctional Health Care (NCCHC)</td>
<td>APA Representative on Board of Directors</td>
<td>No term. NCCHC states that APA may set its own term. Individual currently serving has been representative since 1989</td>
<td>Not set, but could be the APA President</td>
<td>APA is expected to fund the travel &amp; per diem of the representative’s attendance at 2 board meetings per year</td>
<td>NCCHC provides an annual report to the APA &amp; to its representative to the Board</td>
<td>No</td>
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<td>National Committee on Quality Assurance (NCQA) Practicing Physician Advisory Council</td>
<td>NCQA is a private, nonprofit organization that accredits &amp; certifies a wide range of health care organizations. (See Chapter 8 for details)</td>
<td>Representative</td>
<td>On a year by year basis as needed</td>
<td>Designated by APA President</td>
<td>No funding set aside; individual selected usually resides in Washington, DC area. No dues.</td>
<td></td>
<td>Representative attends its meetings if possible</td>
<td>No</td>
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<tr>
<td>Physicians Electronic Health Record Coalition (PEHRC)</td>
<td>Multi-specialty physician organization assisting physicians in adopting health information technology. Works to influence standards for health information technology for EHRs.</td>
<td>Represent APA interests &amp; positions. Liaison is a member of APA Committee on Mental Health Information Technology plus QIPS staff person</td>
<td>No term</td>
<td>Committee on Mental Health Information Technology recommends representative to APA President</td>
<td>Most meetings are in DC. Limit travel costs currently covered by budget of Council on Quality Care</td>
<td>Committee on Mental Health Information Technology</td>
<td>Reports to Committee on Mental Health Information Technology after each meeting</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Residency Review Committee (RRC) for Psychiatry</td>
<td>Critically important APA function because RRC governs rules for residency accreditation, sets pos for changes in those rules every 5 years, &amp; reviews every accredited psychiatry &amp; subspecialty program in US for compliance</td>
<td>Review programs; write reports for discussion at RRC meetings; participate in decisions for accreditation.</td>
<td>3 year term. 1 reappointment. January - December terms for 5 representatives (2 are child &amp; adolescent psychiatrists). Director, APA Division of Education serves as ex-officio representative.</td>
<td>Appointed by APA President Recommendations for appointments are made to the President by Medical Director, Director of Division of Education, &amp; Chair of Council on Medical Education &amp; Lifelong Learning. Nominations are solicited from various allied education groups. Imperative that president appoint members who are well known &amp; experienced educators, usually chairs of Academic Psychiatry departments or experiences training directors.</td>
<td>RRC (APA pays costs for ex-officio representative)</td>
<td>Council on Medical Education &amp; Lifelong Learning</td>
<td>Brief report to Council on Medical Education &amp; Lifelong Learning</td>
<td>Yes</td>
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<td>URAC (Also known as American Accreditation HealthCare Commission)</td>
<td>APA is a member organization with seats on Board of Directors &amp; representation on Standards &amp; Accreditation Committees. (See Chapter 8 for details.)</td>
<td>1. Member, Board of Directors; 2. Member, Standards Committee - revises URAC standards of a number of accreditation programs; 3. Member, Accreditation Committee, - renders accreditation decisions</td>
<td>Board of Directors: 3 year term Standards Committee: 1 year term Accreditation Committee: 1 year term All appointees can be reappointed to serve for as long as APA wishes</td>
<td>Nominated by APA President, appointed/confirmed by URAC Board</td>
<td>APA funds travel to up to 4 meetings per years of the Board of Directors &amp; Standards Committee.</td>
<td>APA representatives to URAC, The Joint Commission, &amp; CARF are on APA Committee on Standards &amp; Survey Procedures &amp; discuss similar issues under consideration by accrediting organizations &amp; agree on an APA response.</td>
<td>Yes</td>
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