

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 March 2022

Includes Actions of the Board of Trustees and the Assembly through March 2022

The Operations Manual and periodic changes to it are approved by the Board of Trustees. The procedures in this manual supplement and implement APA's governing documents – Bylaws and Articles of Incorporation. It is intended as a practical guide for administration and members to understand the processes of the APA in more detail.

This Operations Manual was last approved by the Board of Trustees in July 2020.

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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.

1. Composition of the Board

Officers: (Bylaws 4.2-4.4)	<ul style="list-style-type: none">• President• President-Elect• Secretary• Treasurer
Trustees Voting: (Bylaws Chpt. 3)	<ul style="list-style-type: none">• The <u>four</u> Officers of the Association (with the President as Chair)• The <u>three</u> immediate Past Presidents• Speaker of the Assembly• Speaker-Elect of the Assembly• <u>One</u> Trustee elected at large• <u>One</u> Minority Under-Represented (MUR) Trustee elected at large (created 2011)• <u>One</u> Early Career Psychiatrist (ECP) Trustee elected at large• <u>One</u> 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 to the Resident-Fellow Member Trustee-Elect position, which becomes the RFMT after one year.
Trustees Nonvoting:	<ul style="list-style-type: none">• 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:	<ul style="list-style-type: none">• Representative from APA/APAF Leadership Fellows*• Representative from APA/APAF SAMHSA or Diversity Leadership Fellows*• Representative from APA/APAF Public Psychiatry Fellows* <p><i>*Selected/elected by their own groups</i></p>

See [Bylaws](#) for details on 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 D 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).

Members of the Board may not hold any other elected or appointed position in APA governance unless the position is ex-officio, or if the Board grants an exception. Board Members are expected to resign from other APA elected or appointed positions, effective when their Board term begins.

If a former or current member of the Board of Trustees or an APA Component uses or allows use of their official APA title to identify themselves in connection with an activity in a personal capacity or in

connection with a separate entity that is unrelated to the APA, they should comply with the [Guidelines Regarding Use of APA Titles in Non-APA Business](#) available online.

3. Meetings

Members of the Board are notified of the date and place of the meetings. Board members are expected to attend meetings, be prepared for meetings, and participate in the matters at hand. Members of the Board may not vote by proxy. 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.

a. Consent Calendar

The Board has approved the use of a Consent Calendar as an order of business during a meeting. This mechanism enables the Board to approve all routine, non-controversial or administrative matters contained on the Consent 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. The CEO and Medical Director or administration designee works with the President to make recommendations for the Consent Calendar. Request for removal of an item from the Consent Calendar by any voting member of the Board must be made one week prior to the Board meeting and contain an explanation for removing the item and the changes the Board member proposes. Such a request for removal of an item from the Consent Calendar by a voting member of the Board automatically places it on the regular agenda for discussion, unless the matter can be solved administratively before the meeting. Items that have not been so removed or have been resolved before the meeting are deemed to be included in the Consent Calendar.

b. Parliamentary Procedure

The American Institute of Parliamentarians Standard Parliamentary Procedure is followed. The Board is a continuing body.

c. Attendance

Board meetings are open to all members of the Association. The CEO and Medical Director, General Counsel, and Director of Association Governance are expected to attend. Chairpersons of councils or other components and other key administration may be invited to attend as appropriate. Non-voting past APA Presidents are welcome to attend at their own expense.

d. Confidentiality

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, not to be discussed outside of the Board. Actions of executive sessions may be reported out at the discretion of the Board.

e. Agenda

It is the President's responsibility to prepare the agenda and have it sent in advance to all Board members and to others that 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 CEO and Medical Director, reports of various components, Old Business, New Business, Announcements, Adjournment. However, the President has discretion to include or eliminate any verbal reports in favor of written reports.

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, priority is given to those items on which sufficient preliminary member and administration 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 and is provided in advance to the Board. 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.

Reports of components going to the Board must reach the administration 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.

f. Official Minutes

It is the Secretary's responsibility to record and prepare minutes of Board meetings, with the aid of the Administration. 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 administration 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. The approved minutes are the official record of the meeting.

Minutes of Board meetings are intended primarily to report the actions of the Board, not to summarize the discussions associated with those actions. However, minutes from APA Board meetings may include relevant elements of the discussion to provide a context for the actions reported. 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 after its acceptance, the Board may charge the Secretary with the responsibility of reviewing the transcript and, if necessary, the audiotape of the meeting to establish what actually was said. The audiotape 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 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.

g. Voting

When a voice vote is not sufficient to determine a clear majority, the Board members' votes will be recorded by name by the administration liaison to the Board. Further, Trustees cannot delegate responsibility to govern or give a proxy vote. A dissenter, who wishes that his/her dissenting vote be known, may request that his or her dissenting vote be recorded in the minutes.

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.

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 or further review of 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.

6. Compensation Committee

The Compensation Committee is comprised of the President, President-Elect, and Immediate Past President. It organizes and runs the evaluation process for the CEO and Medical Director, evaluates compensation and sets performance metrics for the CEO and Medical Director on behalf of the Board.

7. 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 CEO and Medical Director, Speaker and Speaker-Elect, and with Chairpersons of councils and appropriate components in making their decisions. The process is administered by the

Department of Association Governance.

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 members.

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.

b. Secretary

The Secretary's responsibilities include:

- Keeping the records of the Association and performing all duties prescribed herein and those delegated by the Board (Bylaws 4.3);
- Receiving 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 submitting the recall ballot to the membership (Bylaws 4.8.b);
- Working with the President to prepare the agenda for the Board's meetings;
- Certifying the minutes of Board meetings and preparing 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*;
- Certifying the editions of the [Bylaws](#);
- Reviewing disclosures of potential conflicts of interests (See Appendix N, Disclosure of Affiliations and Conflict of Interest Policy of this manual);
- Serving as the Chairperson of the Conflict of Interest Committee.

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

c. Treasurer

The CEO and Medical Director, the Chief Financial Officer, and the Chief Strategy Officer are authorized to disburse funds of the Association, with consent from the CEO and Medical Director. 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 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:

- Overseeing the receipt, disbursement, accounting, and management of all monies of the Association under the general direction of the Board (Bylaws 4.4);
- Submitting a financial statement each year to the Board and to the Assembly at the Annual Meeting (Bylaws 4.4);
- Submitting a financial statement to the auditors;
- Depositing monies received in a bank or other depository selected by the Board;
- Sending out annual dues bills and notifying members who are in arrears;
- Participating with the Finance and Budget Committee in preparing the Association's budget;
- Responsibility for investment of Association funds with the help of an Asset Management Advisory Committee and the CEO and Medical Director.

In practice, the work of collection, disbursement and accounting for APA funds is performed by the administration of the Finance Department under the general supervision of the Chief Financial Officer. The Department keeps the accounts and 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.

8. Position Descriptions of the President and CEO and 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

- Serving as an officer of the Board, and Chair of the Board providing overall leadership to the Association. Is elected by the membership.
- Working with the Board to set priorities and develop policies for the Association and working with the Board and the CEO and Medical Director to formulate strategies and develop initiatives to advance those priorities.
- Conducting the business of the Association in accordance with the [Bylaws](#) of the Association.
- Ensuring that the official business of the Association is conducted in an appropriate, efficient, effective, and legal manner.
- Calling all meetings of the Board and presiding at each meeting.
- Overseeing the annual performance review process of the CEO and Medical Director.
- Serving as the Chair of the Executive Committee of the Board.
- Serving as the chief spokesperson for the Association.
- Working to optimize the relationship between the Board and the Administration.
- Appointing chairs and members of all components.
- Assigning the responsibility for preparation of the annual budget for Board approval to the Finance and Budget Committee.
- Serving ex-officio on designated components.

b. Chief Executive Officer and Medical Director

The Board hires the CEO and Medical Director, who reports directly to the Board. The CEO and Medical Director is responsible for the day-to-day operations of the Association. 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 administration, and maintain the smooth operation of the Association.

Scope of Responsibility

- Managing the operations and directing the business of the Association.
- Participating in the formulation of all policies and programs of the Association. Serving as official administration liaison to the Board and working with it to implement the strategic goals and objectives of the Association. Assisting the Board in the development of policies and strategic direction for the Association.
- Providing direction and leadership toward the achievement of the Association's mission, strategy, and its annual goals and objectives.
- Working with APA officers to facilitate the implementation of their responsibilities and obligations. Advising the President in designing initiatives and responses to requests and emerging needs.
- Implementing actions of the Board of Trustees, coordinating activities of multiple components, and assuring that recommendations are transmitted to the Board, Assembly and Joint Reference Committee for consideration.

- Responsibility to the Board for the full range of activities: organizational structure and procedures; income and expenditures; membership; employment, training, and supervision of administration; 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.
- Serving as spokesperson for established APA policy.
- Recommending yearly budget for Board approval and prudently manages the Association's resources within those budget guidelines and consistent with current laws and regulations.
- Serving on components ex-officio or designating his or her representative to assist in facilitating the work of the Association.

9. 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.

B. The Assembly and The District Branches

The Assembly represents and serves the needs of the district branches and is a deliberative body which recommends action to the Board. 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.

1. Composition

Officers:	<ul style="list-style-type: none"> • Speaker • Speaker-Elect • Recorder
Members:	<ul style="list-style-type: none"> • Two (2) voting past Speakers • Representatives from the District Branches • Seven (7) Area representatives • Seven (7) Area deputy representatives • Seven (7) Resident-Fellow Member Area representatives • Seven (7) Resident-Fellow Member Area deputy representatives • Seven (7) Minority representatives • Seven (7) Minority deputy representatives • Seven (7) Early Career Psychiatrists Area Representatives • Seven (7) Early Career Psychiatrists Area Deputy Representatives • One (1) Parliamentarian • Allied Organization Liaisons • Two (2) non-voting Minority Fellows

All members except the deputy representatives and minority fellows are authorized to vote (deputies may vote if the representative is not present). See [Procedural code of the Assembly](#) 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 Assembly Committee of Representatives of Subspecialties and Sections (ACROSS) Liaisons (with vote), the Parliamentarian, and the CEO and Medical Director.

3. Meetings

a. Number of Meetings

The Assembly customarily meets twice a year (during the APA annual meeting in the Spring, and in the Fall). 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 electronically 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 process is detailed in Article I.9.b(2) and Article I.9.m(3) of the [*Procedural Code of the Assembly of the American Psychiatric Association*](#).

d. Parliamentary Procedure

The American Institute of Parliamentarians 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. The CEO and Medical Director, the Director of the Department of Association Governance, the administration 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. Administration Support

Primary administration support for the Assembly is provided by the CEO and Medical Director or the designated administration liaison to the Assembly in the Association Governance. The CEO and Medical Director appoints an administration liaison to each of the seven Area Councils.

5. Board Executive Committee

The Speaker is a member of the Executive Committee of the Board. Actions of the Board Executive Committee are presented to the Assembly for information.

6. Budget

The Assembly Executive Committee reviews the budget of the Assembly, in coordination with APA administration, and makes decisions as needed during the fiscal year to assist in managing resources. The budget includes travel and lodging expenses that are in compliance with APA's travel policy for Assembly members to attend the Fall Assembly.

7. Assembly Components

The Assembly has several standing committees (Assembly Executive Committee, Assembly Rules Committee, Nominating Committee, Committee on Procedures, Awards Committee, Committee on Public & Community Psychiatry, Committee of Minority and Underrepresented Groups (M/URs), Committee of Early Career Psychiatrists (ECPs), Committee of Resident-Fellow Members (RFMs), Committee of Representatives of Subspecialties and Sections (ACROSS), Committee on Psychiatric Diagnosis and the DSM, Committee on Access to Care, Committee on Maintenance of Certification) 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 administration* contains the current listing of Assembly components and their members.

8. Assembly Awards

Assembly Profile of Courage Award	District Branch Best Practice Award
Ronald A. Shellow Award	Warren Williams Speaker Awards
William Sorum Resident-Fellow Member Award	William W. "Bill" Richards Rural Psychiatry Award

CHAPTER TWO: COMPONENT STRUCTURE OF THE ASSOCIATION

This chapter identifies the standing committees and provides information about their composition and functions. This 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 B of the *Operations Manual*, "Councils."

A. Standing Committees

Authority: [Bylaws](#) 5.5 identifies standing committees with functions and procedures as defined in the Bylaws or by the Board. The eight standing committees are described below.

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. Chairpersons may serve up to four consecutive one-year terms.

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.
- (5) Any amendments to the Bylaws must be reviewed by the Committee on Bylaws to ensure that the change will not adversely impact inclusion of Minority/Underrepresented Representative (M/UR) Assembly Group members among Component membership reflecting the known demographics of APA membership. Information regarding amendments to the Bylaws can be found in the *Bylaws* and in Appendix D-1 of the *Operations Manual*, "Election Procedures and Guidelines."

2. Elections Committee

Composition: Five (5) voting members (the President annually appoints one as Chairperson). Any member accepting appointment to the Elections Committee must refrain from running for the Board and from active support of any candidate during his/her term on the committee. If a member wishes to run for the Board or to support a candidate, he/she must resign from the committee.

Appointment/Tenure: Number of appointments varies annually (e.g., two one year, one others); three-year terms; one additional three-year term permitted. Chairpersons may serve up to four consecutive one-year terms.

Functions: Establish (for Board approval) procedures for equitable voting of the membership.

- (1) Inquiries about possible violations of the campaign guidelines (See [APA Election Guidelines](#)) can be made verbally or in writing by an identifiable APA member to the chairperson of the Elections Committee or the Administration 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 the opportunity to respond to the alleged violation. The Elections Committee discourages the concept of leveling the playing field by suspending the rule or allowing the other candidate(s) to also violate the rules.

Candidates are made aware of campaign rules and guidelines prior to the election cycle. If a candidate engages in election activity inconsistent with the APA Election Guidelines, the committee will take

appropriate action to address the violation with the candidate, including (but not limited to) addressing the violation with the candidate, referring the candidate to the Board to withdraw from the election, or any other appropriate action(s) as determined by the committee. The Elections Committee is charged with enforcing the APA Election Guidelines which has been set forth in conjunction with the Board of Trustees. The Elections Committee provides a summary of violations of campaign guidelines on the final report of the Elections Committee to the Board of Trustees during its March meeting.

- (2) The Elections Committee makes no official referrals to the Ethics Committee, but any member may file a complaint of unethical conduct. 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. The President appoints the Chairperson annually from among the six voting members of the committee. APA/APAF fellows are 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 who is familiar with APA's ethics procedures, or who have expertise in psychiatric ethics. Consideration should be given to selecting an APA Past President who otherwise meets the qualifications to be a member of the Committee.

Two appointments annually with three-year terms; one additional three-year term permitted. Chairpersons may serve up to four consecutive 1-year terms.

Functions:

- (1) Work with the APA office of General Counsel to 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 C 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 and keep up to date the *Commentary on Ethics in Practice*.
- (6) Maintain contact with the "ethics network", i.e., the chairpersons of district branch ethics committees by means of mailings, meetings, workshops.
- (7) Provide training to the DB Executives and Ethics Chairs on APA's Procedures.
- (8) Work with appropriate components to develop educational materials.
- (9) Administers Carol Davis Ethics Award for the best publication on ethics.

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

4. Finance and Budget

Composition:

Voting members:	<ul style="list-style-type: none"> • Chairperson appointed annually by President-Elect, with consultation from the Speaker and CEO and Medical Director. Maximum of six (6) consecutive one-year terms. The Chairperson shall be chosen from among the membership of the Committee. • Treasurer of APAF (appointed annually) • Four (4) members appointed from the membership of the Board of Trustees • Two (2) members appointed from the membership of the Assembly • One (1) member appointed from among the APA membership • One (1) member appointed from the APAF Board
Non-voting member:	<ul style="list-style-type: none"> • One (1) consultant, as appropriate, with a one-year term
Ex-officio participants (non-voting):	<ul style="list-style-type: none"> • President • Treasurer • CEO and 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.

Functions:

- (1) Recommend finance and budget policies for all APA-related entities.
- (2) Assist the Board in development of fiscal policies.
- (3) Help to conduct 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.
- (4) Assist the Board in development of a financial plan and help ensure that ongoing operations are consistent with that financial plan, as well as the overall business plan, of the Association.
- (5) Review actual financial results and report to the Board as to the fiscal status of the Association.
- (6) Recommend annual operating, capital and development budgets to the Board and major adjustments thereof as may be indicated throughout the year.
- (7) Focus on the long term and short-term financial strength, needs, opportunities, and problems of the Association.
- (8) Oversee APA components relating to finance, including the Investment Oversight Committee.
- (9) Make recommendations to the Board concerning the charges, areas of responsibility, and composition of these financial components. (See Appendix C for descriptions of components that report to the Finance and Budget Committee.)

5. Joint Reference Committee (JRC)

Composition

Voting members:	<ul style="list-style-type: none"> • President-Elect (Chairperson) • Speaker-Elect (Vice-Chairperson) • Secretary of the Board of Trustees • One (1) additional member of the Board of Trustees (appointed by the President) • Assembly Recorder • Immediate Past Speaker • CEO and Medical Director
Ex-Officio members (nonvoting):	<ul style="list-style-type: none"> • Chairpersons of the councils by conference call • One APAF Leadership Fellow will attend JRC meetings in person as an observer. The Fellow will hold this position in addition to their assignment to a council.

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 certain time. Wherever possible, individuals responsible for the work will be specified.
- (4) Mediate and resolve problems arising between councils.
- (5) 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 regarding review and/or adoption.
- (6) 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).
- (7) 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.
- (8) 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.
- (9) Define the roles of the various components when the concerns are overlapping, including deciding which component should be the lead.
- (10) 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 (12) voting members (the President annually appoints one as Chairperson).

Appointment/Tenure: Twelve (12) voting members with staggered three-year terms. 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, serving as a liaison with the network DB administration at large (non-voting, not term limited). One additional term permitted for voting members. Diversity of committee composition is 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 (administration 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, the seven MUR groups (American Indian/Alaska Native/Native Hawaiian, Asian-American, Black, Hispanic, IMGs, Women, LGBTQ), etc.

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

- (1) Within the Membership Committee, there are several ad hoc work groups to carry out specific assignments (e.g., member benefits, recruitment, Fellowship).
- (2) Recommend plans, procedures, and policies related to membership matters to the Board.
- (3) Identify and develop strategic plans and materials for membership recruitment and retention; monitor implementation of such plans; evaluate the outcomes.
- (4) Work with district branches on membership programs and activities of mutual interest and benefit.

- (5) 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 implementation to the Board.
- (6) Apply the criteria for membership contained in the [Bylaws](#) and the *Operations Manual*.
- (7) Receive applications for any class of membership or for advancement or transfer from one class of membership to another where no district branch exists.
- (8) Receive nominations for Fellows, Distinguished Fellows and Honorary Fellows and recommend actions to the Board.
- (9) Receive applications for International Membership and International Distinguished Fellowship and recommend actions to the Board.
- (10) Review list of members whose dues are in arrears and recommend appropriate actions to the Board.
- (11) Periodically review the criteria for membership categories and propose changes, as appropriate, to the Board.
- (12) Monitor the dues structure for the APA and recommend changes as appropriate to the Board.
- (13) 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 is the Immediate Past President serving as Chairperson. Acceptance of an appointment to the APA Nominating Committee will preclude consideration for any elected APA Board 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 on or before an appointed date, who appoints the Nominating Committee from among those candidates. 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

- (1) Solicit suggestions for nominees from the district branches and from the membership, including via a notice in *Psychiatric News* inviting recommendations.
- (2) Ask potential candidates and petition candidates to (1) submit a c.v. with emphasis on current professional activities; (2) sign APA's conflict of interest statement (3) disclose to the committee any ethics, investigatory or other proceeding past, pending, or current that could negatively reflect on the Association; (4) complete a disclosure of interests and affiliations form; (5) sign an agreement of the time commitment required for successful participation to fulfill the roles as a member of the APA Board of Trustees; (6) submit a Personal Statement or Statement of Intent up to 500 words; and (7) submit letters of recommendation. (All above information is held in confidence and reviewed by the Nominating Committee as it makes its final selection of candidates). Nominees who are concerned that some past or current conduct might disqualify them from running for an elected APA position should consult with the Chair of the Nominating Committee in advance of the nomination for guidance.
- (3) Select at least two candidates for each of the following offices: President-Elect, Secretary or Treasurer in alternate years, Trustee-at-Large (every other year), Early Career Psychiatrist Trustee-at-Large (every 3rd year), Minority/Underrepresented Representative Trustee (every other year) and Resident-Fellow Member Trustee-Elect.
- (4) Secure the acceptance to serve, if elected, of each designated candidate.
- (5) Report its nominations to the Board by November 1 for vote of the BOT.
- (6) In making nominations for any BOT position the Nominating Committee shall ensure that the BOT reflects the diversity of all of APA's members and shall strive to include candidates in the slate of nominees who are from minority and/or underrepresented groups.
- (7) Formally reach out to all Council Chairs, Assembly Leadership and District Branch Leaders to solicit

suggestions for Underrepresented minority (URM) psychiatrists appropriate for nominations for national office.

- (8) Create a database that will be used annually to track the pool of potential URM nominees for national office that includes individuals suggested in prior years, new recommendations, and those who recently ran for national office or rotated off terms as elected leaders.
- (9) Committee members shall maintain absolute confidentiality with respect to any information shared with and among the Committee.

8. Tellers Committee

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

- (1) The committee Chairperson and CEO and Medical Director approve ballots prepared by administration.
- (2) Certify the date on which amendments to the [Bylaws](#) and referenda shall be effective unless another effective date is specified on the ballot.
- (3) Review and approve procedures used by administration for processing ballots for computer vote count. The committee, usually meeting via conference call, reviews all ballots on which votes have not been properly executed and determines whether such votes shall be included in the final vote count.
- (4) 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 letter or email 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 at its next meeting.
- (5) 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 and the membership.

(See also Appendix D-1 of the *Operations Manual*, "Election Procedures and Guidelines.")

B. Councils and Their Components

Components and administration of councils may interact freely with components and administration 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). 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 or the JRC may recommend that no further action be taken.
- 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.

1. Councils

Addiction Psychiatry	Medical Education and Lifelong Learning
Advocacy and Government Relations	Minority Mental Health and Health Disparities
Children, Adolescents, and Their Families	Psychiatry and Law
Communications	Consultation-Liaison Psychiatry
Geriatric Psychiatry	Quality Care
Health Care Systems and Financing	Research
International Psychiatry and Global Health	

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 (12) 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 Speaker); (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 (2) consultants may be appointed as needed, *but only in rare instances*; (5) where applicable and at no cost to the APA, 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:

Chairperson:	<ul style="list-style-type: none"> 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 if they are reappointed by the subsequent President-Elect.
Vice Chairperson:	<ul style="list-style-type: none"> 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 if they are reappointed by the subsequent President-Elect.
Member:	<ul style="list-style-type: none"> Three (3) year terms. Eligible for one reappointment for a total tenure not to exceed six (6) years. A total of three (3) years must pass, after the individual has reached the six (6) year tenure limit, before the individual may again be appointed to the component as member or consultant.
Corresponding Members:	<ul style="list-style-type: none"> One (1) year appointment, (if any are 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.

Consultants:	<ul style="list-style-type: none"> • One (1) year appointment, (if any are appointed). Consultants are appointed for possessing expertise not currently on the council. • Tenure shall not exceed a total of three (3) contiguous years of service on the council. Consultants serve at the pleasure of the incoming President-Elect. Consultants are paid for and become a way to expand councils. Appoint as needed. • 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.
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Budget/Conduct of Business: (1) One in-person meeting each year (September Components Meeting) and one meeting at the APA Annual Meeting (at no cost to APA other than administration time and meeting room); (2) Electronic Meeting Budget [Video/web conferencing; conference calling]; (3) Mailing budget; (4) up to 10% of one APA employee's time in support of the council.

2. Committees

Definition: Established by the Board 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.

Chairperson:	Appointed annually; eligible for a maximum of five (5) one-year terms.
Member:	<ul style="list-style-type: none"> • Three-year term. • Eligible for one (1) additional three-year term, for a maximum of six (6) years. • Three (3) years must pass before being eligible for a new appointment to the same committee. • Two appointments annually.
Consultants:	<ul style="list-style-type: none"> • One (1) year appointment, (if any are appointed). • Tenure shall not exceed a total of three (3) contiguous years of service on the committee. • One (1) year must pass before a consultant with three (3) years contiguous service may be reappointed to the committee as a consultant. • Consultants may be appointed to the committee as members after serving three (3) years or less as consultants.

Budget/Conduct of Business: (1) No in-person meetings except in extraordinary circumstances and only with prior approval of the council and JRC; (2) May meet at Annual Meeting or Mental Health Services Conference at no cost to APA (other than administration time and meeting room); (3) Electronic Meeting Budget [Video/web conferencing; conference calling]; (4) Mailing budget; (5) up to 10% of one APA employee's time in support of the committee.

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 another member of the council to attend (again, at invitation of JRC Chairperson).
- Scheduled meetings of the 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 the council between meetings are kept.
- Monitors the budget of the council and its components.
- 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.
- Receives and acts on reports and recommendations of subordinate components in collaboration with other members of the 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 administration support provided by the administration liaison to the council.
- Collaborates with APA Administration supporting the council to support the work of the council.
- Collaborates with the Board and Assembly liaisons and assigned APA/APAF Leadership, Public Psychiatry, SAMHSA, 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 for publication elsewhere.
- Ensures that all components understand that approval to seek outside funding must be approved by the Board.
- Meets with the President-Elect to discuss appointments to the Council and its components.

3. Task Forces

Definition: Established by approval of the Board, 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 the council so that the council can assess the need for continuing a task force, annually, in the light of progress that was made with the task assigned. The task force is discharged upon submission of a final report, on recommendation of the council to the JRC (and Board). Products from a task force must go through the usual APA approval process. Task forces are assigned to report to a council.

Composition: Up to four (4) members, including the Chair, with vote on task force actions.

Appointment/Tenure: (1) Expertise requisite for fulfilling the specific charge of the task force is 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 the council and JRC and the council budget will absorb the costs of the meeting; (2) May meet at Annual Meeting or Mental Health Services Conference (formerly IPS) at no cost to APA (other than administration 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 five (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 fifty (50) 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. To maintain a caucus, a minimum of 75 members must register for the caucus bulletin board or listserv by the end of the first two years. Once

minimum is met, the caucus can request a listserv be established at APA expense (\$500-\$600) for use of the caucus. Listserv is open to any APA member who is 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 listserv be established at APA expense (\$500-\$600) for use of the caucus; (2) administration support minimal to nonexistent; (3) May meet at Annual Meeting and/or Mental Health Services Conference (formerly IPS) at no cost to APA; (4) Councils review the activity and productivity of caucuses yearly and make recommendations regarding their continuation.

(See also Appendix M, 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 annual meeting of the Association unless specifically continued by the incoming President (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) in consultation with the CEO and Medical Director.

Budget/Conduct of Business: Generally, no cost to APA; members meet electronically or by phone.

7. Boards

The component that is designated as a board is the editorial advisory board.

A. Component Membership

1. Appointments

When the President-Elect becomes President at the close of the annual meeting, those appointed begin their appointed tenures. 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 for approval in March of each year. Tenure waivers cannot be extended more than once without a waiting period of three (3) years in between.

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 prevented their participation. Each component Chair shall annually evaluate component members' performance with the appointee and make recommendations to the President-Elect on attendance, involvement, and active participation, including leading projects and reports. 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, District Branch and State Associations, and the APA CEO and Medical Director 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 are submitted using an [online form](#).
 - All nominations for appointments should include the name of the individual, the name of the component(s) for which the individual is recommended, a statement of interest or reason for recommendation, a photo of the individual, and the individual's CV.
- 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, diversity and M/UR groups 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 B and may be useful to members as they identify components where their experience and knowledge may be most useful.

3. Appointment Letters 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 (if applicable) and online disclosure of affiliations and interests. Failure to return or fully complete the documents promptly may result in forfeiture of the appointment.

4. Approximate Appointment Timeline

During the Month of June:	<ul style="list-style-type: none"> Nominations are prepared by the administration liaisons and distributed to all component chairpersons. Announcement soliciting appointment nominations are submitted to <i>Psychiatric News</i>. Component Chairpersons work with administration liaisons to complete the recommendations and forward to their council Chairpersons. Council Chairpersons work with administration liaisons to finalize the recommendations for the council. Council Chairpersons are contacted by Association Governance to schedule meetings with the President-Elect during the September Components Meeting.
First week of August:	<ul style="list-style-type: none"> Administration and Chairperson recommendations are completed and submitted via an online form.
Last week of August:	<ul style="list-style-type: none"> Deadline for Nominations from APA members for appointments.
September Components Meetings:	<ul style="list-style-type: none"> Council Chairpersons, Administration and Chiefs 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. Association Governance will be in contact with the council Chairpersons to schedule these meetings during the month of June.
September/ December:	<ul style="list-style-type: none"> Recommendations for appointments from all sources are processed and decisions made by the President-Elect with input from the CEO and Medical Director.
January/February:	<ul style="list-style-type: none"> Appointments are processed and letters are sent to appointees
January- March:	<ul style="list-style-type: none"> Appointment acceptances and declines are received and processed.

5. Eligibility for Positions on Components

Members:	<ul style="list-style-type: none"> APA voting members. May vote on component actions. May serve as Chairperson. Council member may serve on a council component. Attend meetings of their assigned component (travel and hotel funded by APA other than for those held during APA Annual Meeting).
Corresponding Members:	<ul style="list-style-type: none"> APA voting members, International Members, or International Distinguished Fellows. May be appointed at the discretion of the President and with input from the component Chair. May not vote on component actions. May attend meetings of their assigned component(s) at their own expense. Receive the agenda and background material for their assigned component; phone or send written comments on issues to the Chairperson or administration liaison.
Consultants:	<ul style="list-style-type: none"> APA members or non-members appointed to serve in an advisory capacity generally providing special expertise to the component. Appointed on recommendation of the council/component Chair to the President and within the budget of the council/component. Appointed only in special circumstances, i.e., attorney or legal counsel to components requiring such assistance, district branch executives on DB Advisory Committee, etc. May not vote on component actions. May attend meetings of their assigned component (travel and hotel funded by APA other than for those held during the APA Annual Meeting).
Fellows in Fellowships:	<ul style="list-style-type: none"> APA/APAF Fellows 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") Fellows' involvement in the component is funded by the fellowship.

6. Disclosure of Interest and Affiliations Policy

The APA has adopted a disclosure of interest and affiliations 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. APA requests all members who are involved in APA business to disclose their interests and affiliations to the maximum extent possible so the component may decide whether any particular interest or affiliation presents a conflict with a particular item under discussion or with the interests of APA. APA's disclosure policy is in Appendix N. Disclosures are made electronically through the CONVEY system.

B. Component Operating Procedures

1. Records and Files

The role of Administration liaisons is to facilitate the work of components. Chairpersons of components may call on Central Office Administration 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. Members of and consultants to APA components sign a form at the time they accept their appointment acknowledging that work produced, including intellectual property rights, as a member of an APA component is the property of the APA. If the report includes a position statement by the APA, both the Assembly and the Board 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 Administration 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 administration 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 Administration 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.)

All original works, e.g., statements, reports, toolkits, etc. must contain the following copyright notice: © [year of creation] American Psychiatric Association – all rights reserved.

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. Because of their use, the position statement must be brief and to the point. The process for development, publication, and review of these documents should be standardized for cogency, consistency, and relevancy.

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

When a position statement involves a social issue, four criteria should be considered when evaluating adoption:

- The APA should have substantial expertise or perspective to offer.
- Positions should be relevant to access of care or the prevention, diagnosis, or treatment of psychiatric disorders.
- The issue being considered should be significant for psychiatrists and their patients.
- The APA should develop positions on issues where the APA may have a meaningful impact and positively shape public opinion.

The document submission for a position statement 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)	<p>Each Position Statement (typically a single page) will have the following:</p> <ul style="list-style-type: none">• 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• APA Position: In bold, a short and 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.• Collaborators• Only the position itself will be part of the final position statement and APA policy.• Proposed position statements that are not in this format will not be considered until appropriately formatted.
Context Statement:	<ul style="list-style-type: none">• A separate document providing the background of and need for the position is required. The background information is a detailed account of the rationale, history, and current developments addressing the importance of this position. 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)	<ul style="list-style-type: none"> • 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.
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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 proposing a new position statement or 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.

1. There is a need for APA to have a position statement on this topic.
2. The position statement is relevant, up to date, and based upon a balanced appraisal of available evidence.
3. The position statement is written for a broad and general audience.
4. The topic is current, the statement addresses current laws, regulations, health care delivery systems, and political and/or social trends.
5. The position statement is consistent with current criteria for position statements involving social issues (if applicable).
6. The topic of the current position statement is no longer relevant because of scientific developments or changes within the legislative or public environment.
7. There have been changes in healthcare delivery methods or in the healthcare system which make the subject and current position statement no longer relevant.
8. There have been changes in laws, legal systems, or licensures which make the current position statement no longer relevant.
9. Standard psychiatric practice as reflected by APA guidelines has changed, making the current position statement no longer relevant.
10. Political or social trends have significantly changed, making the current position statement no longer relevant.
11. There have been subsequent changes in APA policy or APA ethics guidance, making the current position statement irrelevant or in conflict with existing policy or practice.
12. The position statement does not exclude or harm members of M/UR groups. Position statements should, instead, aim to promote and advance diversity, equity, inclusion, and antiracism.

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 JRC 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. They range from one to two-page statements, to journal articles, to monographs or books, depending upon the information presented. Though the Board 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 is established, representatives identified by the CEO/Medical Director's office should meet with the task force and consult on:

- 1) the appropriate type of document/report that is to be produced (i.e., policy document, task force report, resource document, other);
- 2) the appropriate publication vehicle to recommend (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) identifying potential resources/costs for development, printing, and distribution; and
- 4) coordinating 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 Board, which makes the final decision.

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 approval, reports may be published elsewhere provided intellectual property issues are resolved through the General Counsel's office, APA is given appropriate credit, and the disclaimer above appears on the published work.

c. Resource Documents

1. Description

Resource documents are collections of information, data, and reviews of the literature developed by APA components and administration that are useful and needed by APA and 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 JRC for consideration. Criteria for approval should be based on the document's utility to APA members and to other parties, and should aim to promote and advance diversity, equity, inclusion, and antiracism. At a minimum, resource documents should be reviewed to ensure that they do not exclude or harm members of M/UR groups.

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 JRC. Resource documents are not limited to publication by APA only; they may be published elsewhere as long as the Board gives its permission, intellectual property issues are resolved, APA is given appropriate credit, and the disclaimer above appears in the published work.

An APA component may appeal a negative decision regarding publication to the Board.

d. “Other” Documents

i. Description

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

ii. 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.

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. 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, copyright issues must be negotiated through the APA General Counsel’s office, and the American Psychiatric Publishing (APP) shall receive all royalties and fees produced by the work unless the APA Board specifically waives APA’s intellectual property rights and/or 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 people with mental health and/or substance use disorders. This includes the encouragement of knowledge and development of research activities by the APA itself as well as by academic institutions and other organizations.

The findings of any individual research study conducted by the APA should not be confused with the APA’s formal policy on a given issue.

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 administration. The CEO and 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 F).

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 (IRB). 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.

CHAPTER FOUR: THE ASSOCIATION'S FINANCES

1. Financial Organization and Governance Structure

A. Organization

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) is a 501 (c)(3) organization. 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 Association Political Action Committee (APA PAC) was established in 2001 as a segregated fund to raise donations and make contributions to federal candidates and committees.

The APA Wharf Holding Co. Ltd is a limited liability company established in 2015 for the purposes of owning real estate.

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, APA Wharf 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.

B. Governance

Finance and Budget Committee

The Finance and Budget Committee assists the Board in developing fiscal policies and conducting the financial operations of the Association in accordance with generally accepted practices consistent with the Board's fiduciary responsibilities. The Committee proposes a financial plan and monitors to ensure that operations are consistent with the financial plan adopted by the Board. The Committee regularly reviews actual financial results and reports on the financial states of the Association to the Board and the Membership. It recommends annual operating, capital and development budgets to the Board and major adjustments thereof throughout the year. The Committee oversees and reports to the Board on the activities and charges of the Audit Committee and the Investment Oversight Committee.

(See also Appendix C, "Boards and Special Components" of this manual for the specific charges to the above components).

C. Financial Relationship between Affiliated Entities

The APA Board 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 an individual basis to the respective Boards. Each entity shall have audited financial statements, which are presented on a consolidated basis.

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

Budgets

Budgets for the APA and APAF are submitted to their individual Boards, based on budget guidance and policy from the Finance and Budget Committee of the APA. The operating expenses for the APA PAC are included in the APA budget. The respective Boards shall approve the individual budgets. The APA Board, representing the sole member of APAF, shall review the overall APAF budget and will approve the amount of reserves used annually, but does not have line-item authority over the APAF budget.

Service Agreements

The Service Agreement is a contract approved by the Boards of the APA and APAF that has been reviewed and approved by outside counsel for each organization. The agreement outlines the services to be performed by each entity for the other and describes how payment for those services will be made.

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).

2. Financial Management**A. 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 at each of its meetings.

B. Fiscal Year

The Association's fiscal year is from January 1 through December 31.

C. Budgets

All amounts to be 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.

Process

The CEO and Medical Director and the senior administration prepare budget requests which reflect the plans of the component and which are reviewed by the Finance and Budget Committee and are considered in the development of the Committee's proposals. The budget is presented to and voted on by the Board in December; adjustments may need to be made to approved budgets throughout the year.

The Finance and Budget Committee shall review and revise capital and development budget requests and present its budget recommendation to the Board 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 shall modify and/or approve the capital budget submitted by the Finance and Budget Committee at its December meeting. 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.

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.

Type of Budgets

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.

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.

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.

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.

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 CEO/Medical Director and reported to the Board. 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 F of this manual.)

The Component budget policy is included in Appendix Q-1, "Component Budget Policy," of this manual.

Monitoring and Amending the Budget

The CEO and Medical Director will ensure both salary and non-salary items stay on budget. Where the Chief 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 or division, the CEO and Medical Director may approve the transfer. 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. It is the purview of the CEO and Medical Director to manage the Association administrative budgets and he or she has the authority to move funds within the administrative budget. Any increase over the administrative budget approved by the Board as part of the annual operating budget shall require approval by the Board unless such increase is covered by additional funding.

D. 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.

E. Investment and Banking

Bank Accounts

The auditors and/or administration 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.

Investment Policy

The Association employs 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 through the Finance and Budget Committee.

The Association's investment policy is included in Appendix Q-2, "Statement of Investment Objectives and Policies," of this manual.

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 APAF.

Borrowing Policy

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 and 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 (donor or board designated) may only be used for the purpose for which they were established.

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.

F. Credit and Collections Policy

The objective 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 Q-6, "Credit and Collections Policy" of this manual.

G. 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, and to replace or improve capital assets, subject to the specific approval of the Board of Trustees with input of the Finance and Budget Committee.

3. Expenditures

A. Control and Authority

The Board is authorized to adopt a budget, make disbursements, and establish dues, assessments, and meeting registration fees. The Board can allocate funds to Association components and other parts of the Association and delegate the authority to make decisions regarding specific expenditures within 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, including HR and benefit accounts:

- CEO and Medical Director
- Chief Financial Officer
- Chief of Strategy

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. The CEO and Medical Director will review these once a quarter with the Chief Financial Officer.

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.

B. Contracting and Procurement

The CEO and Medical Director, Chief Financial Officer and Chief of Strategy are authorized to execute contracts and agreements after review by the General Counsel's Office for the APA. For APAF, the Chairperson of the APAF Board, Executive Director and Chief Financial Officer are authorized to execute contracts and agreements after review by General Counsel's Office. Any contract with a total dollar amount of \$1 million or more must be approved by the Board.

a. Objective

The objective of the procurement system is to ensure expedient procurement of quality goods and services, free and open competition, best overall value, compliance with external regulations purchases and/or commitments within budget, and maximum flexibility while minimizing Association business risk.

b. Requirement to Compete

Vendors/contractors are to be selected based on 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 General Counsel. Award selection does not necessarily need to be based on lowest cost; "best value" is often the most appropriate criterion.

c. Centralized Approach

To deliver best value (balancing price, timeliness, reliability, and flexibility), the Association uses a centralized approach for its purchases coordinating purchases of goods and services between departments wherever reasonable.

d. Ethics Statement

Each administration 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's

C. Disbursements

a. Travel Reimbursement

As approved by the Board, APA will cover travel costs that are the expenses for transportation, lodging, subsistence, and related items incurred by members and administration who are in travel status on official business of the Association. Travel by members of components must be authorized by the administration liaison to the council and may not be approved beyond the available budget. In cases not otherwise covered, the CEO and Medical Director, acting under the authority given by the Board, may authorize travel required on Association business.

The Association travel policy is included in Appendix Q-3, "Travel Reimbursement Policy," of the *Operations Manual*.

b. Reimbursement of Eligible Officers

- i. Board of Trustees: Except as provided below, all members of the Board 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 Travel Policy and this *Operations Manual*.
- ii. Eligible Officers: The annual budget of the 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 not covered elsewhere in the APA operating budget. Eligible officers include the President, President-Elect, Speaker, and Speaker-Elect. The budget for the reimbursement advance shall be considered for adjustment each year by the Finance and Budget Committee.
- iii. Officer's 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, and funds must be used during the officer's term in office.

The Officer's Reimbursement Policy is included in Appendix Q-4, "Officer Reimbursement Policy and Procedures," of this manual.

4. Administration of Association Grants

A. Recovering the expense of administering grants

The Association's policy 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.

B. Spending Policy for Private Grants and Awards

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 and Medical Director.

Sponsorships for grants may be \$150,000 for a small plaque and minor contribution to travel (e.g., \$250). Grants of \$250,000 or more may include travel, honoraria, and award expenses. All awards must give APA

discretion to terminate the fund when either the fund expenses exceed the fund amount, or the fund is insufficient to support the award intended. When either of the above occurs, the grant must permit the remainder of the fund to be used as a supplement to funds for other APA/APAF awards.

CHAPTER FIVE: MEMBERSHIP

i. General Eligibility

The APA is an organization composed primarily of physicians 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 (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*.

ii. Classes of Membership

The Bylaws recognizes 18 classes of membership as follows:

- | | | |
|--|---|---|
| (1) Medical Student Member | (8) Life Fellow | (14) International Distinguished Fellow |
| (2) Resident-Fellow Member | (9) Distinguished Life Fellow | (15) Inactive Member/Fellow |
| (3) Associate Member * | (10) Life Associate Member | (16) International Resident-Fellow |
| (4) General Member | (11) Honorary Fellow | (17) Semi-Retired Members |
| (5) Fellow | (12) International Member | (18) Retired Members |
| (6) Distinguished Fellow | (13) International Fellow | |
| (7) Life Member | | |

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

An Inactive Member/Fellow is an individual from one of the other 17 classes of membership whom the Board, in its sole discretion, has placed in inactive status.

A table on the next page indicates the privileges and duties of the various categories of membership. Current APA dues rates can be found on the APA website at www.psychiatry.org/join-apa/general-members. District Branch and State Association dues ranges can be found at www.psychiatry.org/join-apa/general-members/district-branch-dues-general-members.

1. Rights and Responsibilities of Membership

Member Class	May Hold Office	Pays Dues	Votes Counted For and/or Nominates Candidates	Receives Publications	Listed in Directory	Eligible For Insurance ^a
Medical Student	NO	YES ^b	NO	YES ^c	YES	YES
Resident-Fellow Member	YES	YES	YES	YES	YES	YES
Associate Member (category closed to new applicants)	NO	YES	NO	YES	YES	NO
General Member	YES	YES	YES	YES	YES	YES
Fellow	YES	YES	YES	YES	YES	YES
Distinguished Fellow	YES	YES	YES	YES	YES	YES
Life Member	YES	Y/N ^d	YES	Y/N ^e	YES	YES
Life Fellow	YES	Y/N ^d	YES	Y/N ^e	YES	YES
Life Associate Member	NO	Y/N ^d	NO	Y/N ^e	YES	NO
Distinguished Life Fellow	YES	Y/N ^d	YES	Y/N ^e	YES	YES
Honorary Fellow	NO	NO	NO	YES	YES	NO
International Member	NO	YES	NO	YES ^c	YES	NO
International Distinguished Fellow	NO	YES	NO	YES ^c	YES	NO
International Fellow	NO	YES	NO	YES	YES	NO
International Resident-Fellow	NO	YES	NO	YES	YES	NO
Semi-Retired Member	YES	YES ^f	YES	YES	YES	YES
Retired Member	YES	YES ^g	YES	YES	YES	YES
Inactive Member/Fellow	NO	NO	NO	NO	YES	YES
Provisional Member	NO	YES	NO	YES	YES	YES

^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 due 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/DLF/LA prior to 1/1/93. No individual shall be eligible for dues exemption based on Life Status after the 2021 renewal year. After 2021 Life Status will be a designation

that can be achieved by either (i) being a member for 30 or more years; or (ii) paying lump sum dues to become a member for life.

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 prior to 2021.

Semi-Retired Members shall pay no more than one-half of the highest dues rate of the APA and their district branch. The Semi-Retired Member category will be available starting with the 2022 renewal year.

Retired Members shall pay no more than one-third of the highest dues rate of the APA and their district branch as a maintenance fee. The Retired Member category will be available starting with the 2022 renewal year.

2. Dual Membership Requirement

Applicants for membership as a General Member (defined in Section D below) shall apply to the appropriate district branch. Applicants for membership as a Resident-Fellow Member (defined in Section D below) shall apply to the appropriate district branch. Resident Fellow Members are automatically assigned to the district branch related to their residency program address. 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 or except as directed by the Board. Applicants outside the jurisdiction of a district branch may apply through APA Membership. 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](#) and then seeks approval/disapproval of the District Branch through the operational process established by APA. New members will be enrolled in a provisional membership status (entitled to all APA benefits except voting rights and ability to hold office) after the verified application is received and payment has been processed (*if payment is required*) by the Membership Department. The Department will promptly notify the district branch of the applicant's ineligibility if the membership requirements are not met. Provisional status will be removed from the membership after approval or no action within 45 days from the district branch, at which time the member will have voting rights and be eligible to hold office. If denied by the district branch and the justification is provided regarding why the member fails to qualify for membership in accordance with Chapter 2 of the [Bylaws](#), the provisional member will be dropped by APA and all benefits will cease.

An applicant, or APA on behalf of the applicant, for membership who is rejected by the district branch for not meeting the qualifications of membership 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.

3. 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. 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 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. 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 member, with district branch concurrence. Resident-Fellow Members may not hold member-at-large status.

iii. Election to Membership

1. Medical Student Members

Individuals who are enrolled in a U.S. or Canadian school of medicine, including osteopathic medicine, and remain enrolled therein may become Medical Student Members. 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. 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, Medical Student 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 Medical 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 may be Associate Members. 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 the U.S./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; until 2021 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; beginning with the 2022 renewal year, they may become Semi-Retired Members by attesting through an opt-in that they are near retirement age and work less than 15 hours per week in any administrative or clinical role(s) (i.e. across all settings); or beginning with the 2022 renewal year, they may become Retired Members by attesting through an opt-in that they have reached retirement age and are fully retired from all administrative and/or clinical responsibilities.

Because the APA is an association primarily of physicians 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 administration 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). If the nine-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 degreed 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 three 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: 35%, Year 3: 45%, Year 4: 60%, Year 5: 75%, Year 6: 90%.

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 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 Fellowship 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 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 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 status. In the event that the RFM is unable to submit a foreign license before returning to his/her home country, the member is 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 membership 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 used until 2021 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.

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 in advance of any consideration by the Membership Committee, so that individual and confidential comments can be considered; and
- 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.

8. Semi-Retired Members and Retired Members

- a. Beginning with the 2022 renewal year, General Members may become Semi-Retired Members by attesting through an opt-in that they are near retirement age and work less than 15 hours per week in any administrative or clinical role(s) (i.e., across all settings). Beginning with the 2022 renewal year, General Members and Semi-Retired Members may become Retired Members by attesting through an opt-in that they have reached retirement age and are fully retired from all administrative and/or clinical responsibilities. In attesting to these categories, members will be reminded of Section 2 of the *Principles of Medical Ethics with Annotations Especially Applicable to Psychiatry* and their duty to be honest in all professional interactions, and to strive to report physicians deficient in character or competence or engaging in fraud or deception to the Ethics Committee of the relevant district branch.
- b. The status of a member will not be changed until the member has been determined by APA to meet the qualifications of the relevant category. APA will be responsible for managing opt-ins and applying the membership criteria uniformly.
- c. Members are required to immediately report any change in work status to the APA Membership Department.
- d. After the APA has determined that a member meets the qualifications of the relevant category and a member's status is changed, district branches and members can submit evidence to APA asking that the status be reviewed. APA may also review member status at any time on its own accord.
- e. The APA and district branches may conduct audits of the membership categories to verify compliance.
- f. Starting with the 2022 renewal year, those who are currently Life Members based on the rule of 95 can choose to opt into the General, Semi-Retired and Retired categories.

iv. 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 Medical Student 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 district branch 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. For RFMs who do not respond to APA requests for verification of meeting the GM requirements, APA may contact the residency training

programs to verify residency completion. administration may 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 nine 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.

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; and
- 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** or as specified by the Membership Committee. 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 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 district 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, subspecialty 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 and/or 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 district branch, political action committee oversight, or special projects at the district branch 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 (viii) 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). Intra-specialty 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 3 (a)(2)(c). 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** or in the timeframe specified by the Membership Committee.

If a district branch submits a Distinguished Fellowship nomination to the APA Membership Committee while there are ethical issues pending, the Committee will hold the application pending resolution of the ethical matter.

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 J-5 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. Distinguished fellowship is limited to APA members. Therefore, if a member drops out of APA, he or she is no longer an APA Distinguished Fellow and may not represent him or herself as such.

4. Life Members, Life Fellows, Distinguished Life Fellows and Life Associate Members

Life Members, Life Fellows, Distinguished Life Fellows, and Life Associate 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 (rule of 95) before 2021. No individual shall be eligible for the rule of 95 after the 2021 renewal year. A member receives two points toward the rule of 95 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 under the rule of 95 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 until 2021 will be required to pay reduced dues for ten additional years. Life Members/Fellows/Distinguished Life Fellows/Associate Members who achieve such status prior to 2021 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 who achieved such status prior to 2021 will be exempt from dues payment. Members who reach Life status between 1993 and 2021 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 five 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 between 1993 and 2021 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. After 2021, Life Status will be a designation that can be achieved by either (i) being a member for 30 or more years; or (ii) paying lump sum dues to become a member for life.

5. Semi-Retired and Retired Members

Beginning with the 2022 renewal year, General Members may become Semi-Retired Members by attesting through an opt-in that they are near retirement age and work less than 15 hours per week in any administrative or clinical role(s) (i.e., across all settings). Beginning with the 2022 renewal year, General Members or Semi-Retired Members may become Retired Members by attesting through an opt-in that they have reached retirement age and are fully retired from all administrative and/or clinical responsibilities. Semi-Retired Members shall pay no more than one-half of the highest dues rate of the APA and their district branch. Retired Members shall pay no more than one-third of the highest dues rate of the APA and their district branch as a maintenance fee.

6. 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 illness or a similar hardship. After 2021, it is the intent that Inactive status or dues waiver be limited to those Members who have had an event that temporarily impacts their ability to work (such as a serious illness) and shall not be used to accommodate Semi-Retired or Retired Members. Inactive status is conferred by the Board upon recommendation of the Membership Committee, usually when the member has a continuing or permanent condition which makes it difficult to meet financial obligations. When a 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 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 the Annual Meeting discount or credit toward the 95 points necessary for achieving Life status prior to 2021.

Appendix H-2 of this manual provides the criteria used by the Membership Committee (approved 12/92) in determining eligibility for Permanent/Temporary Inactive status.

7. 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 upon request and are invited to attend the Convocation of Distinguished Fellows.

v. 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 District Branch Transfer Process is triggered when the member's address is changed in the membership database. If the member's new address is in a different jurisdiction the member will be contacted to determine if a transfer is required. If he/she is eligible to continue membership in the current or "old" district branch, the member is given that option. A member is not required to transfer if he/she lives in an area other than where he/she practices or is a member of the Society of Uniformed Services Psychiatrists. 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.

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

Both district branches are notified of the transfer through the "Transfer MAR" in the DB Window (names also appear on Membership Activity Report). Both district branches are given 15 days in which to approve or deny the transfer through the APA established operational process before the transfer is completed. During the 15-day waiting period, APA membership administration verifies licensure by checking the websites in the member's new location. If unable to verify licensure in the new state, APA Membership administration verifies licensure in the member's previous location. If still unable to verify licensure, APA administration contacts member to obtain the information. The new District Branch may also verify the member's licensure information.

If the district branch 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.

2. Dues Billing and Waivers

A member holds the same member class 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, Semi-Retired Members, Retired Members 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. 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.

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 on the APA website at <https://www.psychiatry.org/mybenefits/lump-sum-dues>.

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

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 is a 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 required to submit its recommendation within 15 days. If a recommendation is not forthcoming within 15 days, 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 (10/20). Dues waivers must be applied prior to the requested dues year payment, and prior to the first payment for members on a scheduled payment plan.

Until 2021, 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 H of this manual provides the criteria used by the Membership Committee in determining eligibility for dues relief.

3. Centralized Dues Billing Service and Member Roster Reconciliation

For those district branches and state associations that choose to participate in centralized billing service, members are billed by APA Central Office for national dues and district branch dues. Services are specified in the agreement that is signed by both parties on an annual basis. For any district branch or state association that does not have an executed agreement in place, an annual reconciliation of member rosters will take place each April in accordance with the procedures established by APA.

There is no charge for the centralized dues billing 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. Participation in the service places no restriction on the district branch's prerogative to establish their own dues rates, to grant waivers, etc.

vi. Forfeiture of APA Membership

Resignation or loss of membership in the APA or in the member's district 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 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 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 prorated 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 and Medical Director.

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; and the resignation and investigation shall be reported in [Psychiatric News](#). (See *Principles of Medical Ethics with Annotations Especially Applicable to Psychiatry*, and "Procedures for Handling Complaints of Unethical Conduct".)

6. Licensure

If a state licensing board rescinds or revokes a member's license to practice medicine, 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 (e.g., after an ethical complaint is filed and not resolved, as settlement of a Board complaint, 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 *the 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 use disorder, 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. 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 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".)

vii. Membership Reinstatement Process and Procedures

The following reinstatement process and procedures became effective with the 2016 dues year:

- The payment deadline for dues is December 31st and those who do not pay dues by that date are considered lapsed members.
- Members will have a grace period from January 1 through March 31 to pay their dues starting in the 2016 renewal year. Members who do not either pay dues in full or enroll in the Scheduled Payment Plan by the deadline will be dropped from membership with an effective date of March 31. The current administrative reinstatement period of six months (April through September) will be continued. This allows recently dropped members, who are no longer receiving any benefits, the opportunity to quickly return to the membership rolls without replying (i.e., filling out a membership application and going through the approval process) after paying the full year of dues. After the September deadline, an application needs to be completed or the member needs to verify with the Membership Department that nothing has changed from the application on file.
- Since the first quarter of the dues year (January 1-March 31) is a true grace period, members that are dropped because they did not pay dues will not have any future dues obligation when they rejoin in the future, unless they reinstate during the administrative reinstatement period during which time the full dues year payment is required. After the administrative reinstatement period (beginning October 1), payment of future dues only will be required. Examples are shown in the chart below:

Reinstatements During this Time Period after March 31, 2016 drop date	Dues Payment Required in Advance to Reinstate	Membership Interrupted?
April - September 2016 (Administrative Reinstatement Period)	Full Year of Dues	No, membership is retroactive to first quarter 2016
October - December 2016	Oct-Dec 2016 Dues, plus 2017 Dues in full	Yes
January - March, 2017	2017 Dues in full	Yes
April - June, 2017	2017 Dues Pro-rated to 3/4 of Year, Apr-Dec	Yes
July - September, 2017	2017 Dues Pro-rated to 1/2 Year, Jul-Dec	Yes
October - December, 2017	2017 Pro-rated to 1/4 of Year, Oct-Dec, plus 2018 in full	Yes

*Note that the first dues renewal notices are sent in early October, 3 months before the start of the dues year, so members are given six months in which to pay dues before the March 31 drop date.

- New and reinstating members will be required to pay dues in advance, prior to enrollment.
- Dues amnesty will be granted one last time by the APA and those district branches that participate in Centralized Billing. This will allow any member to join without paying back dues. Moving forward, dues amnesty will no longer be needed since the APA has instituted a true grace period.
 - In the past, there was no grace period and members were carried past the December 31st lapsed period and not dropped until June 30th of the next year. This resulted in members continuing to receive member benefits even though they had not paid dues. This created an instance where back dues were owed upon reinstatement. Given that there is now a grace period, back dues will not be owed unless someone reinstates during the administrative reinstatement process described above.
- The APA dues amnesty program will also be extended to former members who belong to the district branches that do not offer amnesty.
 - Former members from the three district branches that do not offer amnesty will be eligible to reinstate into a different district branch (if they live or work in the jurisdiction of a new district branch), even if dues are considered outstanding by the former district branch (i.e., because it does not offer amnesty).

CHAPTER SIX: APA ANNUAL AND OTHER MEETINGS **(U.S.A. and International)**

This chapter includes information about APA Annual Meetings, the Mental Health Services Conference (formerly 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.)

Territorial Acknowledgments in APA Meeting Programming

To increase awareness of the traditional homelands on which members are gathered for APA Annual, Mental Health Services Conference (formerly IPS), and Association Governance meetings, Indigenous Territorial Acknowledgments, verbally and textually, are included at the beginning of relevant meetings and in primary printed program materials.

A. APA Annual Meetings

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, Annual Meeting Scientific Sessions, the scientific program committee meetings, meetings of the Board and Assembly, and meetings of some councils and components of the APA. Official functions are managed by the Meetings and Conventions Department and the Division of Communications. Functions include an Opening Session, the CEO welcome message, with the Presidential Address and President-Elect's Response, and the Convocation of Distinguished Fellows (managed jointly by Meetings and Conventions Department and the Division of Communications). The President chooses two Grand Marshalls (typically Chairs of the Annual Meeting SPC) and two Marshalls (typically Chairs of the APA's fall meeting SPC) to lead the processional at the Convocation of Distinguished Fellows. The Marshalls and Grand Marshalls do not receive an award, but their names are printed in the Convocation program book for recognition. In addition, the President chooses recipients for the Special Presidential Commendation Award, which is presented during Convocation. Typically, the President chooses up to five recipients and will supply 1-2 sentences to explain why the recipient is getting the award. All of these areas are managed by the Meetings and Conventions Department.

3. Call to the Annual Meeting

A notice of the Annual Meeting is published in the *American Journal of Psychiatry*, *Psychiatric News*, *Psychiatric Services*, and on APA's website. Advance registration housing and other appropriate information about the Annual Meeting are put on APA's website no later than December.

4. Location of the Annual Meeting

The Board decides where the Annual Meeting is to be held and whether it may be held virtually. 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 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 and Medical Director is responsible for specific site selection in the city based on the recommendations of the appropriate administration and financial considerations.

5. Annual Business Meeting

a. Presiding Officer

The APA President

b. Order of Business Meeting

Call to order, Memorial to Deceased Members and Fellows, Announcement of Election of Officers and Trustees (Tellers Committee); Reports to the Membership (from the CEO and Medical Director, Treasurer, Speaker, Speaker-Elect, 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 Meeting Sessions

The Annual Meeting Scientific Sessions are Saturday to Wednesday and consist of the following formats:

- APA Publishing Sessions (90 minutes)
- Courses/Master Courses (4 hours and 8 hours)
- Focus Live (90 minutes)
- General Sessions (90 minutes)
- Learning Labs (90 minutes)
- Presidential Sessions (90 minutes)

Institute-sponsored research track, component- and organization-sponsored programs are also held during the Annual Meeting.

a. Scientific Sessions Format Descriptions

APA Publishing Sessions

These sessions, organized by American Psychiatric Association Publishing, are 90 minutes and feature presentations on a particular topic by APA authors and editors. During these sessions, attendees can meet and interact with authors and editors of APA publications.

Courses/Master Courses

Courses are designed to 1) emphasize learning experiences that actively involve participants, 2) include the opportunity for informal exchange with the faculty, and 3) provide a deeper exploration of a topic than would be found in the general meeting program. Offered in four-hour (half-day) and eight-hour (full-day) sessions, Courses either review basic concepts in a special subject area or present advanced material on a circumscribed topic. Courses require an additional fee for enrollment.

Focus Live

These 90-minute sessions allow participants to test their knowledge using an interactive audience response system (ARS). Experts, who served as guest editors of Focus will lead lively multiple-choice question-based discussions, and the audience will enter their answers with their mobile devices. Results are instantly tallied and projected on the screen, providing participants with immediate feedback. Attendees are expected to bring their own devices for use during the session. MOC self-assessment credit (2 credits) is available to participants after the session by reviewing the rationales and references available on APA's website.

General Sessions

General Sessions emphasize learning through audience interaction, such as role playing and small group discussion. These 90-minute sessions comprise the majority of the scientific program at the Annual Meeting. General Sessions include the formats previously referred to as workshops, symposia, case conferences, forums, and advances in psychiatry.

Learning Labs

The Learning Lab introduces an exciting new way to learn at the Annual Meeting. Each session in the Learning Lab transforms learning through collaboration, rich discussion around issues impacting psychiatry and hands-on learning.

MindGames

Each program enters the competition by naming a team of three residents. The team must complete a preliminary qualification exam to be considered for the live final round. Each team may take the

exam only once. The top three highest-scoring teams advance to the national MindGames final competition, held in conjunction with the APA Annual Meeting.

Presidential Sessions

Presidential Sessions are prestigious 90-minute presentations by experts in their respective fields, specially invited by the APA President. These sessions feature prestigious speakers and will cover topics of great relevance to psychiatry today.

b. Institute-Sponsored Research Track

The National Institute on Alcohol and Alcoholism (NIAAA), National Institute on Drug Abuse (NIDA), and National Institute on Mental Health (NIMH) are sponsors of a research track that provides the opportunity to share resources and expertise to benefit these National Institutes of Health and the APA membership at the Annual Meeting. The Department of Health and Human Services (HHS) has increasingly recognized the benefits of such events. The sponsored track described in this document is a collaboration between the APA and various National Institutes of Health to host a research track, including symposia, workshops, forums, etc., as part of the Annual Meeting. The sponsored track will rotate each year between NIDA, NIMH, and NIAAA.

Process

- An agreement is required for each annual event (multiple years cannot be combined into a single agreement).
- The relevant Institute of Health (NIAAA, NIDA, or NIMH) will be listed in the Annual Meeting program as the sponsoring entity for the research track.
- Any use of an Institutes' logo requires approval by the appropriate Institute administration Liaisons. Any emails or marketing materials that will use the sponsoring Institute's logo will be provided to the Institute for approval.
- Agreements are developed based on a rotational schedule of the Institutes listed below. Any two Institutes may request a switch in order if mutually agreed upon by both Institutes.
- Institute presenters will be provided with a complimentary 1-day registration to the Annual Meeting for the day of their presentation. Any additional days will require registration consistent with existing policies/rates for all presenters. All speakers are required to register for the Annual Meeting using the APA's online registration system. Speakers will not be listed in the program guide and mobile app unless they have completed registration in a timely manner.
- The APA will provide the Institute Logistic Administration/Administration Liaison(s) with up to two (2) complimentary registrations for the full Annual Meeting.
- APA will not offer honoraria or reimburse travel expenses for speakers.
- The APA will provide only information about preferred hotels in the vicinity of the Annual Meeting location.
- Each Institute will be responsible for developing and shipping any signage, handouts and/or agendas for the research track guides. All agendas and research track guides must be reviewed by the APA's Office of Scientific Programs to ensure continuity.

Institute Rotation Years (Updated October 1, 2018)					
Institute	Years				
NIAAA	2017	2020	2023	2026	2029
NIDA	2016	2019	2022	2025	2028
NIMH	2018	2021	2024	2027	2030

c. Organization/Component Sponsoring sessions

Outside organizations affiliated with the APA and various APA components have the ability to designate certain abstracts as being an official work-product of their organization or component. These endorsements are rare. Each organization and component group determine its own endorsement process, which is not overseen or controlled by the APA Scientific Program Committee. Authors must secure endorsement permission from the relevant organization or

component prior to selecting the organization or component's name from the dropdown list provided within the submission site. Endorsement by an outside organization or component does not guarantee acceptance, nor does it increase the likelihood of acceptance in the peer-review process. All endorsements will be verified with the sponsoring organization or component. If an endorsed proposal is selected for inclusion in the Annual Meeting program, this affiliation will be included in the APA Meetings App and Annual Meeting Guide. Each organization or component can sponsor only up to 5 sessions. (This limit does not apply to the Institute-Sponsored Research Track.)

Only organizations that fit one of the following classifications may be selected as a designating organization for abstract submissions: ACROSS Member Organization, APA Caucus, APA Council, APA Committee, International Psychiatric Society, and Government Organization. If a submitter wishes to add their organization to the list of approved designating groups, their organization must first be an approved member of ACROSS. To request their organization be added, the submitter must apply for assembly membership by completing the Assembly Allied Organization Request Form and submitting to the Department of Association Governance. Applications are approved during the November or May Assembly meetings.

7. Scientific Program Committee

As reflected in its charge (see Appendix B of the *Operations Manual*, "Councils"), the Annual Meeting Scientific Program Committee (SPC), a component of the Council on Medical Education and Lifelong Learning, is selected by the President-Elect no later than the December meeting of the BOT. The SPC has the responsibility for selection of the topics and sessions to be included in the Annual Meeting program. In most instances, the President-Elect may select a Chairperson and Co-Chairperson to preside at most sessions. Subcommittees of the Scientific Program Committee have responsibility for determining various aspects of the program such as grading and selecting General Sessions, Posters, and Course submissions.

8. Administration Support

Under the direction of the CEO and Medical Director, the Deputy Medical Director/Director of Education and the Director of Scientific Programs, the APA's Division of Education has the responsibility for the preparation of the educational content of the Annual Meeting. Under the direction of the Chief Financial Officer, the APA Meetings and Conventions Department is responsible for all logistical arrangements and administration support for exhibit sales/management, registration, onsite execution, meeting space allocation and housing, in addition to the planning and execution of the Opening Session and Convocation of Distinguished Fellows. Other APA administration performs duties related to their function and are called upon to perform other duties as assigned in conjunction with the Annual Meeting, including staffing of an information center and APA Member Center.

9. Awards

Awards presented at the Annual Meeting are given according to rules stipulated for them in the [Awards of the American Psychiatric Association and the American Psychiatric Association Foundation](#), and various other sections of the *Operations Manual*.

10. 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.

11. Press and Public Relations

The APA's Corporate Communications and Public Affairs (CCPA) 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. CCPA manages the Annual Meeting Newsroom 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 CCPA and video production vendor (APA TV is sponsored by academic institutions secured by the production vendor). CCPA is responsible for the *Daily Bulletin*, the Annual Meeting newspaper created in conjunction with a publishing company selected by CCPA. CCPA also

oversees the Annual Meeting mobile app and works with the Office of Scientific Programs and Information Services and Strategies to develop data content. (Advertising in the *Daily Bulletin* and event app is managed by APAF administration.)

12. 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 Annual Meeting expenses are paid. From time to time the Board 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 Board, which received recommendations from the Finance and Budget Committee.

13. Reimbursement for Attendance

No officer, trustee, component member, or other APA member is reimbursed for expenses incurred to attend the Annual Meeting. All administration 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 a reasonable honorarium or both. (See also Sections C & D of this chapter.)

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 Meeting. They are responsible for the planning, conduct, and financing of their own meetings, 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, Convocation of Distinguished Fellows, or other special APA gatherings or events.

B. Mental Health Services Conference (Formerly IPS)

1. Mental Health Services Conference (Formerly 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 and known as IPS: The Mental Health Services Conference. In 2020, the name was changed to the Mental Health Services Conference (formerly IPS).

2. Official Functions

The Mental Health Services Conference (Formerly IPS) includes the scientific program and meetings of some councils and components of the APA. Functions include an Opening Session with the Keynote Address.

3. The Preliminary Program

The Preliminary Program, including advance registration, and housing and other program information, for the Mental Health Services Conference (Formerly IPS) is posted on the APA website.

4. 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 schedule the meetings in cities with proven attendance.

In June 1991, the Board 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 and Medical Director is responsible for specific site selection, based on the recommendations of the appropriate administration.

5. Program/Participants

The Mental Health Services Conference (Formerly IPS) may be held in the fall in a different geographic area from where the Annual Meeting is held that year. It is an 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 the President-Elect and reflected through general sessions by leading experts in the field, courses, poster sessions, and other formats where there are opportunities to discuss problems, programs, and trends. Participants include senior administration from psychiatric facilities and agencies across the United States, Canada, and other countries.

6. Scientific Program

As reflected in its charge (see Appendix B of this manual, "Councils and Their Components"), the Scientific Program Committee of the Mental Health Services Conference (Formerly IPS), a subcomponent of the Council on Medical Education and Lifelong Learning, has responsibility for selection of the topics and sessions to be included in the program. In most instances, the President-Elect selects a Chairperson and Co-Chairperson to preside at most sessions of the Committee.

7. 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 approves changes in the fees for registration to cover the costs of the Mental Health Services Conference (Formerly IPS), which is intended to be self-supporting.

Fees such as for registration, which are related to the Mental Health Services Conference (Formerly IPS) (other than commercially supported activities), are the responsibility of the Board, which receives recommendations from the Finance and Budget Committee.

8. Reimbursement for Attendance

No officer, trustee, component member, or other APA member is reimbursed for expenses incurred to attend the Mental Health Services Conference (Formerly IPS). All APA administration 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 Mental Health Services Conference (Formerly IPS) may be reimbursed or given an honorarium or both. (See also Sections D & C of this chapter.)

9. Administration Support and Member Components Involved

The Scientific Program Committee of the Mental Health Services Conference (Formerly IPS), a subcomponent of the Council on Medical Education and Lifelong Learning, is the member component involved in planning the Mental Health Services Conference (Formerly IPS).

Under the direction of the CEO and Medical Director, the Deputy Medical Director/Director of Education, and the Director of Scientific Programs within APA's Division of Education, has primary responsibility for the preparation and content of the Mental Health Services Conference (Formerly IPS). Under the direction of the Chief Financial Officer, the APA Meetings and Conventions Department is responsible for all logistical arrangements and administration support for exhibit sales/management, registration, space allocation, onsite execution, and housing management. Other APA administration performs duties related to their function and are called upon to perform other duties as assigned in conjunction with the Mental Health Services Conference (Formerly IPS), including staffing of the APA Member Center.

10. Proceedings

A *Syllabus* is available online.

11. Allied Professional Meetings

Other organizations hold meetings in conjunction with the Mental Health Services Conference (Formerly IPS). They are responsible for the planning, conduct and financing of their meetings, 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 special APA gatherings or events and any other promotional items offered by other organizations must be co-branded by APA.

C. Policy Regarding Waiver of Registration Fees for Members of the Annual Meeting and Mental Health Services Conference Committees and Invited Speakers

Due to the work, they must perform before and during the meetings, registration fees are waived for members of the Annual Meeting and the Mental Health Services Conference (Formerly IPS) Scientific Program Committees. Speakers who are formally invited by the relevant Scientific Program Committee, APA President, or the Office of Scientific Programs are eligible for a complimentary one-day meeting registration for the date of their presentation. Should the presenter wish to attend the full conference, he/she must register at the discounted registration speaker rates approved by the Board.

D. Policy Regarding Registration Reimbursement for Scholars

Scholars may be residents or fellows who attend, report, and potentially introduce exactly three sessions (selected in advance) to receive registration reimbursement. There will only be one scholar per session. The resident and fellows of the 100% Club will have priority to sign up for the program at one-week intervals. OSP will work with membership and APAF to connect APA Fellow Scholars (AFS) with session chairs. Scholars will not manage innovative sessions (Mental Health Innovation Zone and/or Learning Labs), or courses. Scholars will manage all other scientific general sessions.

E. Co-sponsorship of Combined Meetings with Other Organizations/Endorsement of Other Organizations

In June 1979, the Board of Trustees affirmed the policy that APA will not cosponsor/cobrand 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 administration to decline invitations if they do 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.)

APA will not endorse the conferences, programs, or meetings of other organizations, but would consider co-branding if the CEO and Medical Director with concurrence of the President deems it advantageous to APA's mission and reach and cost neutral to APA.

F. 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 mental illness and substance use disorders 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 conducted at no cost to the APA. All expenses should be offset by registration fees and outside income. Administration 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 administration 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 and planning of international conferences, congresses, and delegations of the APA.) If approved by the Board of Trustees, APA 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. Administration support for the task force will be provided by the Office of Scientific Programs and the Meetings and Conventions Department.

(See APA Standard Definitions and Language in the back of the manual.)

CHAPTER SEVEN: PUBLISHING

The APA's periodicals play a key role in publishing the best science and are flagships for the organization. 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)

Functions	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.
Method of Selecting Content	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 administration are responsible for editing and production of the journal.
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 Board of Trustees.
Deputy Editors	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 is required for this re-appointment.
Associate Editors	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.
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.
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	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.

2. Psychiatric Services

Functions	<i>Psychiatric Services</i> 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.
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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 administration 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 content (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 <i>Psychiatric News</i> 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 <i>Psychiatric News</i> is the responsibility of the Editor. Letters to the Editor and other columns that reflect the interests of APA members are regularly included in <i>Psychiatric News</i> . administration 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 administration are responsible for editing and production of <i>Psychiatric News</i> .
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 affecting 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	<i>Psychiatric News</i> is provided as a benefit to membership to all APA members in the U.S. and Canada and to others as determined by the Board. It is available for a fee to international members, and paid subscriptions are available to nonmembers. Online access on PsychiatryOnline is free.
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4. APA Books

Functions	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.
Method of Selecting Content	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 <i>Diagnostic and Statistical Manual of Mental Disorders</i> (DSM) and Practice Guidelines, peer review is built into the process.
Types of Publications	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.
The Editor	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.
The Editorial Board	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.
Advertising	Advertising is not included in books. Acknowledgment may be provided to sponsors.
Circulation	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.

B. Editor Appointment Process for all APA Publications

The search for editors should be conducted with input from the CEO and 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 and 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 and 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 and 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 one-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 six 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.

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

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

1. APA Representatives appointed to other organizations.
2. 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.
3. “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.

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.¹
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 memberOther 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
3. **Appointment of APA Delegates, Alternate Delegates, and Non-Delegates**
 - (a) Delegates and Alternate Delegates are APA members appointed by the APA President for a term of two years 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) The President makes APA appointments to the APA AMA Delegation that are effective immediately. Appointees should be qualified because of his/her significant medical association experience. 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

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.

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. If the APA President-elect and/or Speaker-elect are/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.

5. APA and Other AMA Activities

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

2. Council of Medical Specialty Societies

This organization is comprised of those U.S. 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 representing 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. 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

²The 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.

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 administration 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 re-nominated 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 the [Procedural Code of the Assembly](#), 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; and
- 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 and changed its name to American Psychiatric Association Foundation in 2015. The Foundation accomplishes its vision (advancing a mentally healthy nation for all) through fellowships, 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 health and substance use disorders. The Foundation is the charitable arm of the APA, providing grant funding for fellowships, psychiatric research, and public education programs, individual members of the APA, interested corporations and other foundations are the principal sources of funding for the Foundation.

Board Members of APAF are selected by the APAF Board and approved by the APA Board of Trustees. The APAF Board of Directors 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 and Medical Director serves as Chairperson of the Foundation Board.

The Foundation is responsible for the funding and/or administration of 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 Psychobiological 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 as a segregated fund, 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 support the advancement of psychiatry and excellence in the care and delivery of psychiatric services. 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.

The Board of Directors of the APAPAC shall consist of fourteen (14) voting members of the APA nominated by the APA President-Elect and approved by the APA Board of Trustees. The APA President-Elect may also appoint two (2) corresponding members, without vote on APAPAC Board of Directors actions and up to two (2)

consultants. The APAPAC Board of Directors members, corresponding members and consultants shall serve as follows:

- a) One of the fourteen (14) members shall serve as the Chairperson of the APAPAC.
- b) Each member of the Board shall serve for three-year terms and shall be eligible to serve one additional three-year term if nominated. To the extent practicable, their terms shall be staggered so that the terms of approximately one-third shall expire each year.
- c) In the event that a Board member resigns or is unable to complete his or her term, the APA President-Elect shall make a recommendation to the APA Board of Trustees which shall appoint a successor Board member. An individual appointed to fill a vacancy occurring other than by expiration of a term of office shall be appointed for the unexpired term of the member he or she succeeds, and this appointment shall not count toward the term limits above.
- d) If appointed, corresponding members may have one (1) year appointments. Their tenure shall not exceed a total of three (3) contiguous years of service on the Board of Directors. One year must pass before a corresponding member with three (3) years of contiguous service may be reappointed to the Board of Directors as a corresponding member. Corresponding members may be appointed to the Board of Directors as members after serving three (3) years or less as corresponding members.
- e) If appointed, consultants may serve a one (1) year appointment. Their tenure shall not exceed a total of three (3) contiguous years of service on the Board of Directors. One year must pass before a consultant with three (3) years of contiguous service may be reappointed to the Board of Directors as a consultant. Consultants may be appointed to the Board of Directors as members after serving three (3) years or less as consultants.
- f) In selecting members of the Board of Directors, including those who are to be officers or consultants, the APA Board of Trustees shall strive to assure bipartisan diversity.
- g) The APA CEO and Medical Director and members of the APA Department of Government Relations assigned to the APAPAC shall be invited to participate in all Board of Directors meetings and shall provide counsel and recommendations, as the case may be.

APAPAC Chairperson shall submit a written report at each Board meeting setting out its contributions and expenditures, including information about its strategies for making contribution decisions for the prior quarter.

Composition:	Standard council composition, plus two additional members for a total of 14 members. The Chairperson of the Council on Government Relations will serve as an ex-officio corresponding member of the APAPAC Board and the Chairperson of the PAC Board will serve as an ex-officio corresponding member of CAGR.
Components:	None
Awards:	None
History:	The American Psychiatric Association Political Action Committee (APA-PAC) was established in 2001.

C. APA Wharf Holding Limited

APA Wharf Holding Limited is a real estate holding company which has APA as its member. Its relationship with the APA is governed by an Operating Agreement between the two entities.

D. Including District Branches and State Associations on APA's Director's and Officer's Liability Policies

Provided that APA can secure reasonable insurance at a reasonable cost, APA will include the District Branches (DB) and State Associations (SAs) as additional insureds on its Director's and Officer's liability policies. APA will pay any additional premiums for this coverage. If such insurance cannot be obtained by the APA for the DB/SAs, APA will immediately communicate that to the DB/SAs.

DBs and SAs are expected to pay the deductible if any claim is brought against them, except when the act which gives rise to the claim is something APA has specifically requested the DB or SA to do, e.g., Ethics claims. For any act which is a result of the District Branch or State Associations decisions and/or actions, the DB or SA shall

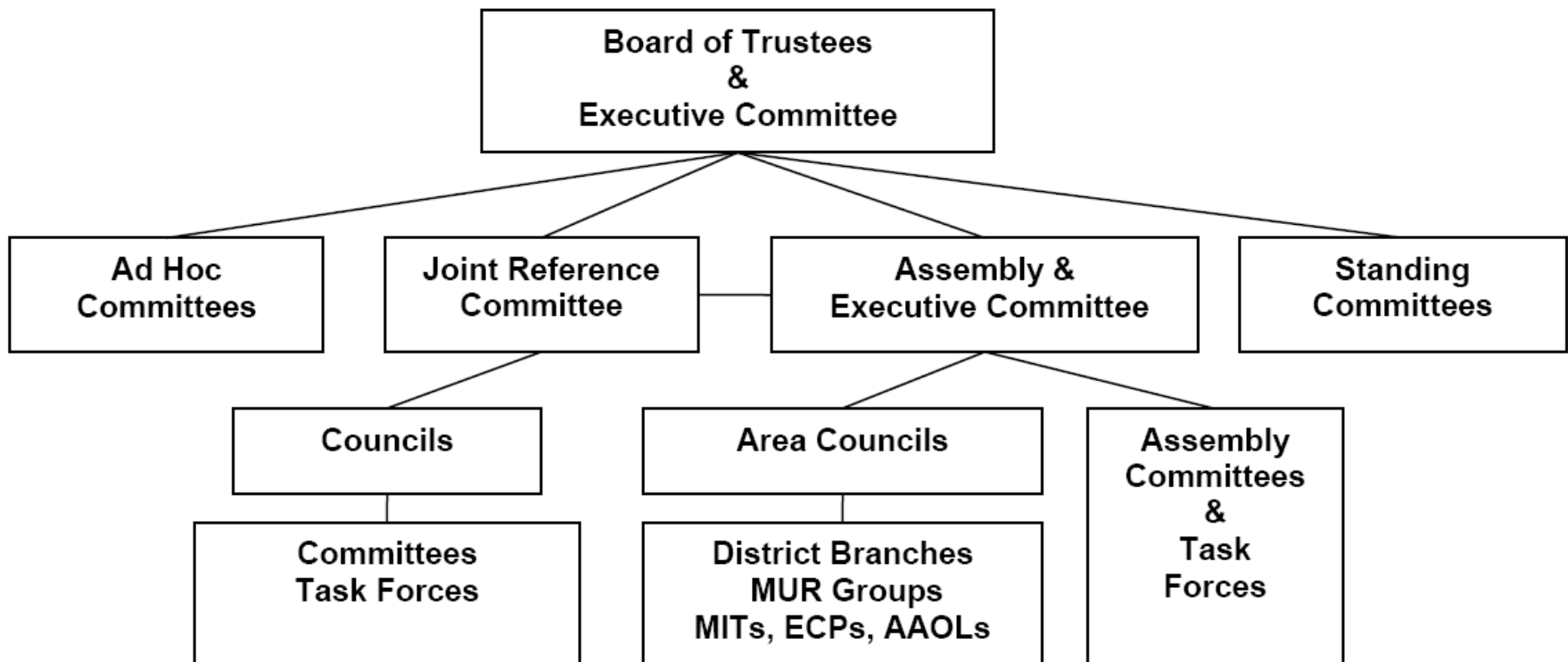
be responsible for the deductible. DB/SAs are free to purchase their own D&O insurance or to seek insurance to cover the deductible portion of any claim. In the event that a DB/SA experiences a financial need, it can apply for an Infrastructure Grant.

CHAPTER TEN: APA CENTRAL OFFICE ADMINISTRATION

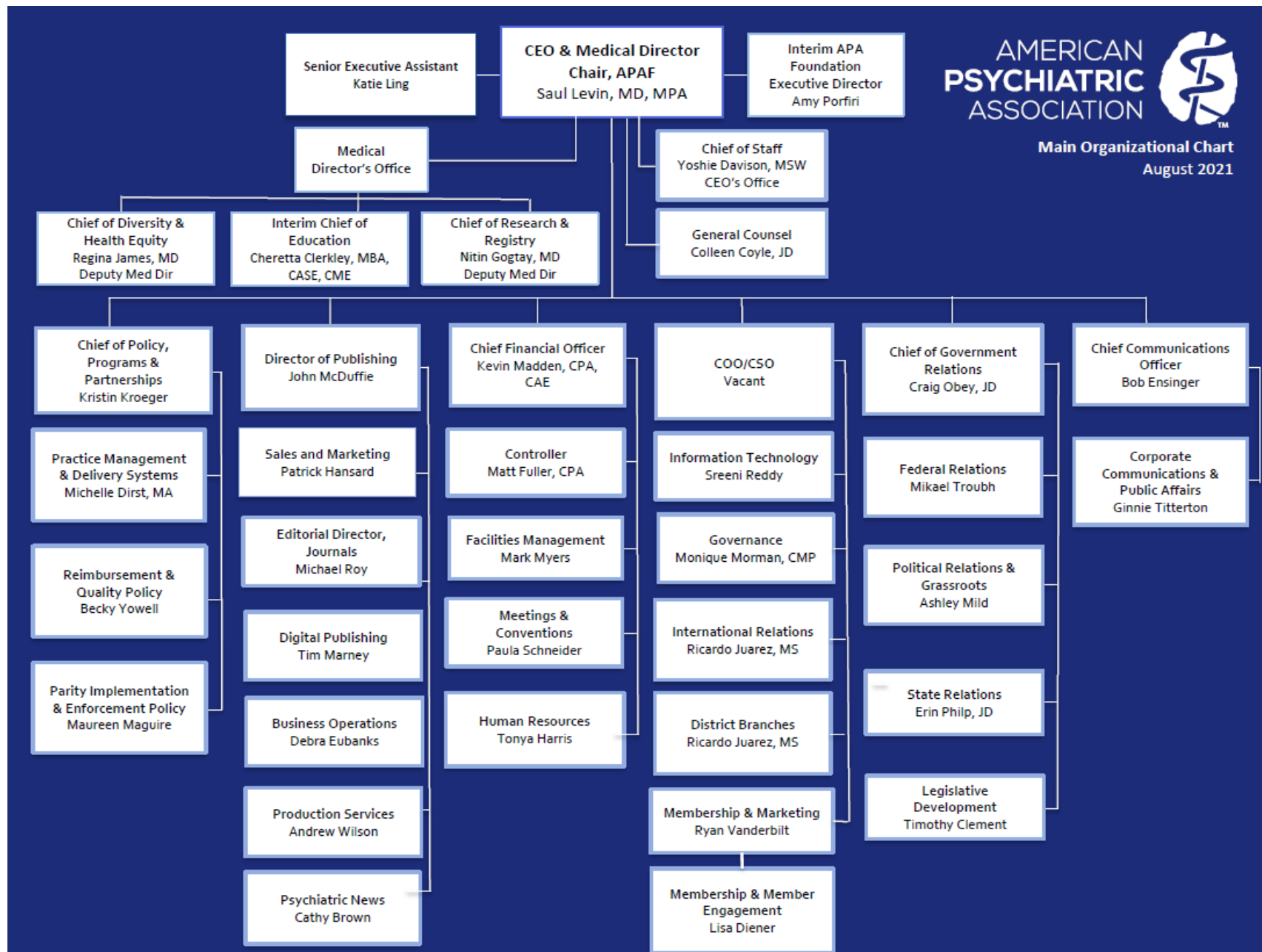
The Chief Executive Officer and Medical Director oversees the activities of the Association in accordance with the purposes and objectives defined in [Bylaws](#) 1.2, and with the policies established by the Board of Trustees. He/she is assisted by the Executive Administration, Department Heads, and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

APPENDIX A: ORGANIZATIONAL CHARTS

GOVERNANCE SYSTEM



APA ADMINISTRATION



APPENDIX B: COUNCILS

Note: All Councils may recommend one organization from the Assembly Allied Organization list to be included as a member of their Council.

Addiction Psychiatry	Medical Education & Lifelong Learning
Advocacy and Government Relations	Minority Mental Health & Health Disparities
Children, Adolescents & Their Families	Psychiatry & Law
Communications	Consultation-Liaison Psychiatry
Geriatric Psychiatry	Quality Care
Healthcare Systems & Financing	Research
International Psychiatry and Global Health	

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.

Composition:	Standard council composition, see Chapter 2 of the Operations Manual for additional information.
Components:	None
Awards:	None

2. Council on Advocacy and Government Relations

The Council will serve as the advocacy hub and as APA's coordinating body for legislative activities for Association membership and other components – specifically:

- Provide advocacy leadership on behalf of APA members and recommend advocacy strategy;
- Coordinate advocacy between councils, the Board of Trustees, the Assembly, the Department of Government Relations (DGR), and District Branches and State Associations;
- Facilitate collaboration and communication with other APA components to stay informed about advocacy issues to ensure necessary support and input;

- Reflect the expertise and knowledge of the APA membership while galvanizing and facilitating membership advocacy efforts on behalf of all individuals impacted by psychiatric conditions and on issues pertinent to our members
- Collaborate with DGR staff in developing advocacy-related deliverables (e.g., action papers, resource documents, trainings), and leverage advocacy tools and skills for active, well-informed advocacy engagement
- Interface with DGR to set and advise on federal advocacy and legislative activities, and message national priorities to members
- Collaborate with DGR staff to support state advocacy efforts;
- Expand opportunities to engage APA fellows in advocacy through mentorship and/or guidance from the Council, APA central, DGR staff, and state government relations;
- Promote advocacy education at all levels of training; and
- Actively collaborate with allied organizations with shared goals to improve the practice and quality of psychiatric care.

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. See Chapter 2 of the Operations Manual for additional information.
Components:	<p>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 O of this manual, “GUIDELINES FOR CONSIDERING DB/STATE ASSOCIATION REQUESTS FOR FUNDS/ ASSISTANCE Committee on Advocacy and Litigation Funding (CALF)”) 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.</p> <p>Caucus of VA Psychiatrists</p>
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. In December 2018, the Council’s charge revised.

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

Composition:	Standard council composition, see Chapter 2 of the Operations Manual for additional information.
Components:	<p>Committee on Women’s Mental Health: Charge: The Committee on Women’s Mental Health will advance issues related to the diagnosis and treatment of the mental health needs of women across the life span including:</p> <ul style="list-style-type: none"> • the psychiatric illnesses unique to women, • the treatment of mental health illnesses during the reproductive years, • the special risk factors and pharmacologic considerations unique to women patients, and • health care access and outcome disparities associated with gender. <p>The committee will collaborate with all other Council’s, Committees, engaged in initiatives affecting the mental health needs of women.</p> <p>Caucus of Psychiatrists Treating Persons with Intellectual Disabilities Caucus on College Mental Health</p>
Awards:	None
History:	<p><i>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)</i></p>

4. Council on Communications

The Council on Communications is charged with the following:

The Council on Communications works to help shape the organization’s message to the public and its members. Coordinating with the Office of Communications and Public Affairs staff, other APA Councils, and APA leadership, the Council aims to enhance the quality and impact of APA’s communications. The council works to boost public attitudes toward psychiatry, mental illness, and brain-based disorders and establish psychiatrists as the physician specialists with knowledge, training, and experience to best diagnose and treat mental illness.

Highlights of Responsibilities

- Assist the Office of Communications and Public Affairs in the development, implementation, and promotion of its communications strategy and initiative.
- Coordinate with and advise other APA components regarding communications issues and activities that affect the public image of psychiatry and public understanding of mental illnesses and advocacy issues.
- Improve the understanding of the growing influence and impact of social media and emerging digital platforms by the APA and its members.
- Develop and effectively disseminate trainings and guidance on the use of social and digital media and tools to help members effectively engage with the media and improve their use of social media platforms.
- Assist the APA in crafting messaging that addresses many diverse attitudes toward psychiatry among all cultural groups, and work to create approaches to improve attitudes about psychiatry.
- Develop recommendations for the Board and the Assembly based on the current public attitudes, world events, and trends that impact psychiatrists and their patients.
- Establish gifted physician-communicators and help develop exemplary and effective communication skills in the next

Composition:	Standard council composition, see Chapter 2 of the Operations Manual for additional information.
Components:	None
Awards:	Member Communications Award (formerly Newsletter of the Year Award)
History:	<i>Established as a council in May 2009, subsuming duties of the sunsetted 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</i>

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, see Chapter 2 of the Operations Manual for additional information.
Components:	Caucus on Positive Psychiatry
Awards:	Jack Weinberg Memorial Award for Geriatric Psychiatry

History:	<i>Established as a council in December 2011. The council was created after the Council on Psychosomatic Medicine and Geriatric Psychiatry, established in September 2010, was sunset. The council's precursor was the Council on Aging which was established in 1979 and restructured as part of the Council on Adult Psychiatry in 2002. When the Council on Aging was sunset in 2009 the following committees were also sunset, and their charges consolidated within the charge of the Council on Adult Psychiatry. Sunset Components: Committee on Ethnic Minority Elderly, and Committee on Long-Term Care and Treatment for the Elderly.</i>
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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

Composition:	Standard council composition, see Chapter 2 of the Operations Manual for additional information.
Awards:	None
Components:	<p>Committee on Integrated Care: 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. Composition: Standard committee composition. The committee is not authorized to meet in person, except at the APA Annual Meeting. History: Established March 2017 under the Council on Healthcare Systems and Financing.</p> <p>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</p>

	<p>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.</p> <p>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 it 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 multispecialty 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.</p> <p>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.</p>
Awards:	None
History:	<p><i>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</i></p>

7. Council on International Psychiatry and Global Health

The Council on International Psychiatry and Global Health facilitates understanding of problems facing international psychiatrists and their patients. It does so by focusing on international membership in the APA, and through increased membership in the APA, availing all members of the opportunities in education, advocacy, prevention, and clinical care that membership in the APA provides. The Council brings to the mission of the APA the global perspectives of individual, family, culture, and population-based approaches for understanding mental health well-being and the treatment and prevention of psychiatric illnesses.

- The Council works with APA leadership and other national and international organizations to increase the international membership of the APA.
- The Council assists APA in developing partnerships with other organizations to foster the development or expansion of financially beneficial or self-sustaining international programs of use to APA members and their patients.
- The Council supports the transformation of psychiatric education to include knowledge and skills needed for psychiatric practice and research in global settings. These include skills for population-based research and prevention strategies, as well as skills for engaging remote populations across gaps of language, culture, and social exclusion.
- The Council assists APA in ensuring that APA policies and positions on international issues are current and appropriate including those affecting global and population health.
- The Council will collaborate with other APA Councils to develop global strategies for research, mental healthcare finance, and individual, family and population level psychiatric models.
- The Council promotes human rights advocacy as an essential pathway to mental health and recognizes that there can be no mental health when human rights are violated.

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.

Composition:	Standard council composition, see Chapter 2 of the Operations Manual for additional information.
Components:	<p>Caucus on Global Mental Health and Psychiatry</p> <p>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:</p> <p>One member from each of the following entities:</p> <ul style="list-style-type: none"> • Council on International Psychiatry and Global Health • Council on International Psychiatry and Global Health (ECP/Fellow) • Council on International Psychiatry and Global Health (APA/APAF 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 <p>Consultant: Black Psychiatrists of America, President/Member (must be an APA member)</p> <p>The President-elect will select the Committee Members from the APA bodies specified above and designate one member as the chairperson, except for the APA/APAF Fellow member. One APA/APAF Fellow assigned to the Council will have voting privileges on the committee for the tenure of their assignment as an APA/APAF Fellow. This individual will be chosen from amongst those Fellows assigned to the Council, by the Fellows themselves.</p>

Awards:	Chester M Pierce Human Rights Award
History:	<i>The Council on International Psychiatry was established in March 2014. Prior to its current iteration, there existed a Council on International Affairs, renamed the Council on International Psychiatry in October 1999. Council and its components converted to Commission on International Psychiatry, March 2000; name changed to Commission on Global Psychiatry, March 2001; restructured as Council on Global Psychiatry May 2002. In May 2009, the Council was sunset as part of the component restructure. In October 2020, the Council on International Psychiatry was renamed the Council on International Psychiatry and Global Health, in addition, the change of the Council was all modified.</i>

8. Council on Medical Education and Lifelong Learning

The Council on Medical Education and 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 acts as advisors for 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 and Maintenance of Certification (MOC) 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;
 - act in an advisory capacity in the assessment of the overall CME program of the APA.
 - promote the development and distribution of new types of continuing medical education products; and
 - work closely with the Division of Education to create educational programs that are relevant and demonstrate outcomes that add to members' foundation of knowledge in a rapidly changing field and positively impacts-professional practice.
2. The Council identifies emerging issues related to undergraduate medical education and assists in developing effective, appropriate psychiatric education for all future physicians. The Council also facilitates and supports 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 psychiatric education.
5. The Council maintains effective communication and collaboration with other relevant associations and organizations: 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 disseminate relevant education information to all members of the APA.
7. Finally, the Council is charged with oversight of various APA awards 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). See Chapter 2 of the Operations Manual for additional information.
Components:	<p>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 Mental Health Services Conference 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 Mental Health Services Conference, 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.</p> <p>Caucus on Maintenance of Certification (MOC)</p> <p>Caucus on Psychiatric Leadership and Entrepreneurship: Charge: The caucus is a space for discussion of business leadership, the field of mental health startups, and non-clinical opportunity within business. History: Established in 2020.</p> <p>Caucus on Medical Humanities in Psychiatry History: Established in 2021.</p> <p>Committee on Innovation: The Committee, established under The Council on Medical Education and Lifelong Learning, seeks to identify and promote the formation of novel ideas to transform mental health care. To meet these needs, the Committee works on the development of the Psychiatry Innovation Lab Event under the direction of the APA education staff to ensure program objectives are met within timelines and allocated budget. Composition: 8 members including 1 chair, 1 vice-chair, and 6 members to be appointed by the APA President. History: Established in 2018.</p> <p>Committee on Psychiatrist Well-being and Burnout: Charge: The Committee on Psychiatrist Well-being and Burnout will work through APA administration, and with Councils, Committees and other experts where needed. The Committee will coordinate its efforts with the work of allied organizations, including AMA, AAMC, ACGME and NAM, in addressing this problem. Composition: Standard committee composition. History: Established in 2018 under the Council on Medical Education and Lifelong Learning to continue the work of the Board of Trustees Ad Hoc</p>

	<p>Workgroup.</p> <p>Subcommittee on Joint Sponsorship of Continuing Medical Education (CME): The subcommittee is charged to implement an effective linkage between the accredited organization (APA) and its nonaccredited organization partners. Subcommittee members plan, implement, and evaluate district branch and allied organization programs in compliance with APA's policies and procedures. Composition: Members are selected directly by the district branches. An APA member from the applying organization commits to serving on the APA Subcommittee on Joint Sponsorship and must attend annual Joint Sponsorship meeting/webinars. Allied groups name a representative to participate in this group. Each DB/Chapter or allied organization interested in joining the subcommittee and participating in APA's CME credit partnership must submit an application for membership. The application is reviewed by the Council on Medical Education Chair, who 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. In September 2002, the Board determined that APA could also jointly sponsor meetings with international psychiatric associations on a case-by-case basis. In 2016 Joint sponsorship was opened to allied organizations on a limited basis by the APA Board. Restructured as corresponding subcommittee May 2002; composition clarified March 2003.</p> <p>Scientific Program Committee of the Mental Health Services Conference (formerly IPS): Scientific Program Committee of the Mental Health Services Conference: 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 Mental Health Services Conference Scientific Program Committee shall have attended three Mental Health Services Conference 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</p>
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	<p>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.</p> <p>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.</p>
Awards:	<p>Vestermark Psychiatry Educator Award</p> <p>Nancy C. A. Roeske Certificate of Recognition for Excellence in Medical Student Education</p> <p>Irma Bland Award for Excellence in Teaching Residents</p> <p>APA Mentors of the Year Award</p>
History:	<p><i>Established Restructured and 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. Charge revised July 2018. 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, Caucus of Resident Fellow Members, Committee of Resident Fellow Members (CoRFM).</i></p>

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:	<p>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, Bisexuals, Transgender and Questioning/Queer; 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. See Chapter 2 of the Operations Manual for additional</p>
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	information.
Components:	Caucus of Rural Psychiatrists Caucus on Spirituality, Religion and Psychiatry
Awards:	None
History:	<i>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</i>

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 I-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. One of the corresponding member positions will be reserved, ex-officio, for the chairperson of the Committee on Judicial Action, a subcomponent of the Council, with such position not subject to the term limits typically applicable to corresponding members. See Chapter 2 of the Operations Manual for additional information.
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Components:	<p>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 I-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.</p> <p>Caucus of Correctional Psychiatrists</p>
Awards:	None
History:	<p><i>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.</i></p> <p>Sunset Components: <i>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)</i></p>

11. Council on Consultation-Liaison Psychiatry

The Council on 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 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, see Chapter 2 of the Operations Manual for additional information.
Components:	None
Awards:	None

History:	<i>The Council on Consultation-Liaison Psychiatry 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. In 2018, the Council changed its name back to the Council on Consultation-Liaison Psychiatry.</i>
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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, see Chapter 2 of the Operations Manual for additional information.
Components:	<p>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 <i>brief</i> reports providing the psychiatric perspective on relevant issues that can serve as a <i>basis</i> 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.</p> <p>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:</p>

	<p>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.</p> <p>Caucus on Psychotherapy</p> <p>Caucus on Chiefs of Clinical Quality Improvement: Charge: Help inform on other APA quality improvement initiatives, like PsychPRO utilization apart from MIPS-only quality reporting. History: Established in July 2019.</p> <p>Committee on Quality and Performance Measurement The APA Committee Quality and Performance Measurement is a reporting component of the Council on Quality Care that includes members with expertise in health systems, services, and quality measurement. This committee serves as a resource for the Council on Quality Care and the staff in the APA Quality Office for various quality policy initiatives and regulations. The committee is charged with:</p> <ol style="list-style-type: none"> 1. Establishing a strategy for quality and performance measurement relevant to evolving federal, state and private value-based care delivery and reimbursement policies; 2. Conceptualizing a strategy for development of meaningful quality measures for psychiatry; 3. Prioritizing the development and adoption of such quality measures through analyses of gaps in current measures and emphasizing use of outcome measures, rather than process measures, alone, to improve the quality of psychiatric care; 4. Reviewing the validity of endorsed and/or widely used quality measures related to psychiatric care; 5. Collaborating with the APA registry to support quality measurement reporting; 6. Developing a strategy for collaboration with external quality measurement entities, (e.g., CMS and the National Quality Forum) and stakeholders (e.g., other specialty societies) to further development of quality measures related to psychiatric care; 7. Serving as the oversight and consultative group to APA-led Quality Measure Development Workgroups; 8. Developing a plan for long-term sustainability of various quality measurement development efforts within the APA.
Awards:	None
History	<p><i>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 Integrative 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</i></p>

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.

Composition:	Standard council composition, see Chapter 2 of the Operations Manual for additional information.
Components:	<p>Committee on Psychiatric Dimensions of Disaster: Charge:</p> <ul style="list-style-type: none"> • To recommend and encourage working local district liaisons for psychiatric responses to disasters, including those resulting from a range of human-generated and natural disaster events. • To assist the Medical Director's Office in provision of consultation and identification of resources for local and national responses in times of national disasters. • To encourage greater visibility for psychiatry and psychiatrists in organized disaster relief efforts and support efforts that accomplish this goal. • To recommend liaisons with medical, academic, federal, state and local organizations and agencies to facilitate disaster mental health preparedness, response and recovery. • To identify experts to support future disasters (e.g., media contacts as well as volunteers) and connect them with Communications staff. • To act as a resource for educational and scientific materials and interventions to support affected communities, including persons with mental illness, in times of disasters. • To provide consultation to leadership in their efforts to support members, district branches, and persons with mental illness. <p>Committee on Climate Change and Mental Health: Charge: The Committee on Climate Change and Mental Health will engage APA leadership, administration, members, and allied groups to fulfill APA's position on and commitment to Mental Health and Climate Change (Position Statement on Mental Health and Climate Change). The Committee's focus will be to facilitate effective advocacy and address the disproportionate impact of climate change on two main demographic groups: persons with serious mental illness, poor, and minority communities. Composition: Standard committee composition. The committee is not authorized to meet in person except at the APA Annual Meeting. History: Established in December 2020.</p> <p>Caucus on Complementary and Integrative Psychiatry History: Named changed from Caucus on Complementary and Alternative Medicine in June 2017. Name changed from Caucus on Alternative and Complementary Medicine to Caucus on Complementary and Alternative Medicine in May 2014.</p>
Awards:	None

History	<p><i>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 Integrative 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), Caucus of Psychiatrists Treating Persons with Eating Disorders (July 2019).</i></p>
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APPENDIX C: 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

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 charge revised March 1998; composition revised June 2001; composition and charge revised October 2005.

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.

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.

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.

APPENDIX D-1: ELECTION PROCEDURES AND GUIDELINES

APA Election Procedures and Guidelines for Candidates and Supporters

The currently approved campaign activities and APA election/campaign guidelines based on those approved as amended by the Board of Trustees are available on the [APA Election Website](https://psychiatry.org/election) (psychiatry.org/election). In March 2021, the Board of Trustees voted to approve the four APA-Managed Campaign Activities as presented by the Elections Committee for the 2-Year pilot program, effective 2022 election cycle.

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. The same information will also be posted on the *Psychiatric News* website, and links to election information may be included in *Psychiatric News*' e-newsletters. The rules noted below apply to both print and digital platforms.

Election coverage includes:

- Pictures of uniform size of the candidates for all offices and a link to the [APA Election Website](https://psychiatry.org/election) with all election- and candidate-related information.
- 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 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. 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 intemperate 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 10**. 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 issue. *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:	<ul style="list-style-type: none"> • 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 <i>Psychiatric News</i> 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:	<ul style="list-style-type: none"> • Each article and section to be amended is printed on the ballot or accompanying materials. Strike through indicates portions to be deleted and <i>bold underscored italics</i> 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 in this appendix for procedures for proposing amendments by petition or by resolution of the Board.)
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 D-6, "Guidelines for Petitions", of this manual.)
Recall Ballots:	Procedures for recall of nationally elected officers and trustees appear in Bylaws 4.8.

Ballot Mailing and Processing

- Ballots and accompanying materials are sent electronically to voting members on **January 1** (or the following Monday if 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.)
- Ballot mailing and processing may be outsourced to a firm selected by APA Administration. The APA Administration Liaison to the Tellers Committee works with the firm to ensure that ballots are prepared, and votes are processed in accordance with APA election procedures.
- Voting in the APA national elections is conducted electronically only. Paper ballots are only mailed to eligible voting members who request them by contacting the APA election office at election@psych.org, by January 10.
- 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.
- Voting is confidential; data is reported in the aggregate but never on an individual basis.
- Ballots on which the intent of the voter cannot be determined are held for a determination by the Tellers Committee 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. Votes cast by APA members in provisional status who have not been approved for membership by the district branch as of the close of the voting period will not be counted.

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 <i>The American Institute of Parliamentarians Standard Code of Parliamentary Procedure</i> (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. If a majority of the members voting approve a referendum but the minimum requirement of 40% of eligible voters is not met, the referendum will go to the next Board of Trustees as an action item for a vote.

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:
<ul style="list-style-type: none"> • 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, <u>and ratification by a two-thirds</u> 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 <i>American Journal of Psychiatry</i> or <i>Psychiatric News</i> 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 3 of the year in which it will be voted on (Bylaws 11.4). (The <i>American Journal of Psychiatry</i> or <i>Psychiatric News</i> may be used for this purpose.) See D.4 above for votes needed for passage

The process for submitting an amendment by petition is:
<ul style="list-style-type: none"> • 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 <i>Journal</i> and <i>Psychiatric News</i> 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 election vendor 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 D-2: APA GUIDELINES FOR CAMPAIGNING ON REFERENDA & AMENDMENTS TO THE BYLAWS

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 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 D-3: 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 (RFMT), 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 which shall be submitted to the APA Nominating Committee by October 1. 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 10. 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	
<ul style="list-style-type: none"> • 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:	<ul style="list-style-type: none"> • 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 RFMT 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, or any APA/American Psychiatric Association Foundation (APAF) fellowship.
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Requested Materials:	<ul style="list-style-type: none"> • Contact information • Demographic information (optional): Are you a member of any of the following APA-recognized Minority/Underrepresented Groups? <i>American Indian, Alaska Native, Native Hawaiian Psychiatrists; Asian-American Psychiatrists; Black Psychiatrists; Hispanic Psychiatrists; International Medical Graduates; Lesbian, Gay, Bisexual, Transgender, Questioning/Queer Psychiatrists; Women Psychiatrists</i> • 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? • Letter(s) of recommendation • Disclosure of Interests and Affiliations
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	<ul style="list-style-type: none"> • Time commitment agreement • Ethics and Investigation and Litigation statement • Statement signed by the training director or department chair as indicated in eligibility criteria
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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, 800 Maine Avenue, SW, Washington, DC 20024

APPENDIX D-4: NOMINATING PROCEDURES FOR ECP TRUSTEE-AT-LARGE CANDIDATES

(Approved July 1999; Revised July 2000, October 2001; October 2003; March 2020)

ECP Trustee-At-Large Nominating Subcommittee
<ul style="list-style-type: none">• Current ECP trustee-at-large (Chairperson)• Chairperson of the ECP committee• Immediate Past Chairperson 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.

1. "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.
2. 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.
3. 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.
4. The Nominating Subcommittee will recommend at least two ECPs and one alternate to the national Nominating Committee to consider for placement on the ballot by October 1. The Nominating Committee will take very seriously the recommendations of the Nominating Subcommittee.
5. 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 November 10. (Bylaws 3.2)

APPENDIX D-5: NOMINATING PROCEDURES FOR M/UR TRUSTEE CANDIDATES

(Approved May 2017; Revised March 2020)

M/UR Trustee Vetting Panel
<p>The President-elect shall appoint a Vetting Panel composed of:</p> <ul style="list-style-type: none">• The Chairperson for the M/UR Trustee vetting panel in years in which there is to be an election for the M/UR Trustee seat on the Board of Trustees• Five members¹, including the Chairperson. The M/UR Committee of the Assembly shall make recommendations for three members and the Council on Minority Mental Health and Health Disparities shall make recommendations for two of the members.

1. Responsibility of the Vetting Panel. The Vetting Panel will review all nominations for the M/UR Trustee and recommend the names of two-three candidates and one alternate to the Nominating Committee by October 1. The Nominating Committee will take very seriously the recommendations from the Vetting Panel.
2. In selecting candidates for the M/UR Trustee nomination, the Vetting Panel and the APA Nominating Committee shall consider:
 - a) The candidates' ability to represent issues of concern to all M/UR psychiatrists and to our diverse and underserved population of patients.
 - b) The existing BOT composition in terms of M/UR representation with the goal of diversifying the composition of the BOT.
 - c) The M/UR affiliation of the previous M/UR Trustee with the goal of ensuring that all M/UR groups have a fair opportunity to participate in governance at the BOT level.
 - d) The requirement that the nominee may be any self-identified minority member of APA.
3. All voting members of the APA are eligible to vote for the M/UR Trustee in national elections.

APPENDIX D-6: GUIDELINES FOR PETITIONS
(Petitions for Nomination and Petitions for Referenda)

Petitions for Nomination of Candidates

Nominating Procedures. All nominees must be voting members in good standing. Nominating petitions must be filed with the Secretary by November 10 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.

Office	# of Signatures of Eligible Voting Members	Eligible Term(s)
President-Elect	400	1 year
Secretary	400	2/2 consecutive year terms
Treasurer	400	2/2 consecutive year terms
Trustee-at-Large	400	2/2 year terms
Area Trustee	100	2/3 consecutive year terms (3 year hiatus and start again)
ECP	400	1/3 year term
MUR	400	2/2 year terms
RFM	100	1 year

Procedures

The Nominating Committee shall report its nominations to the Board by November 1 for approval. Nominating petitions must be filed with the Secretary by November 10 for the nominee to be included on the ballot for the following year.

If a voting member wishes to be nominated by petition, he/she will notify Association Governance at election@psych.org.

Rules applicable to 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. Association Governance will verify that the signatures are from active/eligible 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 nominate (name), M.D., for the office of (office) in the (year) election:

<i>Please print name in this column</i>	<i>Please sign name in this column</i>	<i>APA Member ID (if known)</i>

4. Petitions must be received at APA Central Office on or before November 10 to be included on the ballot for the following year. They can be mailed to the APA Election Office/Association Governance at American Psychiatric Association, , 800 Maine Avenue SW, Suite 900, Washington DC 20024, or faxed to 202-403-3019. The petitioner or his/her designee should collect them, count them, and submit them all at one time.
5. Voting members may contact the APA Election Office at election@psych.org to request a personalized online petition for to collect signatures electronically.
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 around November 10 (petition deadline) also. Other campaign materials (bios, statements, etc.) will be requested afterwards.
8. Election Guidelines Appendix D-1) 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.

APA Board of Trustee Officer/Trustee Position	Requirement for petition nomination
President-Elect	Petition signed by 400 or more members eligible to vote.
Secretary	(same as above)
Treasurer	(same as above)
Trustee-at-Large	(same as above)
Early-Career Psychiatrist (ECP) Trustee	(same as above)
Minority/Underrepresented (MUR) Trustee	(same as above)
Resident-Fellow Member Trustee-Elect (RFMTE)	Petition signed by 100 or more Resident-Fellow Members.
Area I, II, III, IV, V, VI & VI Trustee	Petition signed by 100 or more members of the relevant Area who are eligible to vote.

Contact Association Governance at election@psych.org with questions.

Petitions for Referenda

The procedure for initiating referenda is described in Chapter 8.4 of the bylaws (quoted below).

Procedures

Rules applicable to referenda petitions:

1. The signatures must be from active/eligible 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. Association Governance 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. _____
As an alternate format for paper signature submission, an online/electronic petition signature submission system is available. 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, 800 Maine Avenue SW, Washington DC 20024 or emailed to elections@psych.org. 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 a referendum to overturn a Board action passes, the 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.

Contact Association Governance at election@psych.org with questions.

Procedure concerning Referenda that do not reach the Bylaws minimum requirement

If a referenda vote is lower than the APA Bylaws required minimum to pass, the APA President should place the item on the next Board agenda for appropriate discussion by the Board of Trustees, which shall consider the actual percentage of votes in favor of the referenda. If the Board supports this referenda by a majority vote at which a quorum is present, the referenda will pass provided that this process may not supplant existing procedures for bylaws or Article of Incorporation amendments.

- Consideration of the referenda shall be included within the Tellers Report to the Board of Trustees so members may easily access the information, and in appropriate communications to members as determined by the CEO/Medical Director and the Chief of Communications and Public Affairs.
- The General Counsel will provide legal advice throughout the process to ensure compliance with APA Bylaws, processes and laws.

APPENDIX E: AWARDS AND FELLOWSHIPS

Note: Please see Appendix Q-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

Adolf Meyer Award Lecture	APA Mentors of the Year Award	Award for Patient Advocacy	Benjamin Rush Lectureship
Bruno Lima Award in Disaster Psychiatry	Carol Davis Ethics Award	Distinguished Service Award	District Branch Best Practice Award
Irma Bland Award for Excellence in Teaching Residents	Jack Weinberg Memorial Award for Geriatric Psychiatry	Jacob Javits Award for Public Service	Member Communications Award
Nancy C.A. Roeske Certificate of Recognition for Excellence in Medical Student Education	Presidential Commendations	Psychiatric Services Achievement Awards	Vestermark Psychiatry Educator Award
William C. Menninger Memorial Convocation Lecture	APA Resident Recognition Award		

APA Assembly Awards

Approved by the Assembly

Assembly Award for Excellence in Service and Advocacy	Assembly Profile of Courage Award	Warren Williams Assembly Speakers Award	William W. "Bill" Richards Rural Psychiatry Award
Assembly Resident-Fellow Member (RFM) Mentor Award	Ronald A. Shellow Award	William Sorum Assembly Resident-Fellow Member Award	

AWARDS and FELLOWSHIPS OF THE AMERICAN PSYCHIATRIC ASSOCIATION FOUNDATION

Approved by the APAF Board of Directors

Awards of the American Psychiatric Association Foundation				
Administrative Psychiatry Award	Agnes Purcell McGavin Award for Distinguished Career Achievement in Child and Adolescent Psychiatry	Agnes Purcell McGavin Award for Prevention	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 F. Ittleson Award for Research in Child/Adolescent Psychiatry
Frank J. Menolascino Award for Psychiatric Services for Persons with Mental Retardation/ 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 Psychobiological Psychiatry
Kun-Po Soo Award	Manfred S. Guttmacher Award	Mrazek Award In Psychiatric Pharmacogenomics	Oskar Pfister Award	Simon Bolivar Award Lecture
Solomon Carter Fuller Award	Chester M Pierce Human Rights Award			

Fellowships of the American Psychiatric Association Foundation				
American Psychiatric Association Leadership (APL) Fellowship	Child & Adolescent Psychiatry Fellowship	Diversity Leadership Fellowship	Lilly Psychiatric Research Fellowship	Public Psychiatry Fellowship
SAMHSA Minority Fellowship	Spurlock Congressional Fellowship			

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: July 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 Mental Health Services Conference. Honorarium: \$3,000 and a plaque; Lecture – rotates every third year from annual meeting to the Mental Health Services Conference. 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: July 1. Component: Scientific Program Committee for the annual meeting or Mental Health Services Conference. Funding: Scientific Program Committee for the annual meeting or Mental Health Services Conference.
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 & 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 & Adolescent Psychiatry: Eligibility: A child & adolescent psychiatrist whose career has been characterized by outstanding contributions to the advancement of child & adolescent psychiatry through teaching, research, writing, clinical care, advocacy, & policy development for children & 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 & adolescent psychiatry. Honorarium: \$1,500 for each award and certificate. Deadline: July 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 current 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: July 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>5. Alexandra Symonds Award</p>	<p>Established: 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. Honorarium: \$500 and a plaque. The recipient is expected to give a lecture at the APA Annual Meeting or Mental Health Services Conference. Eligibility: Woman member of APA who has demonstrated sustained, high-level contributions and significant leadership in advancing women's health. Deadline: July 1. Component: Selection Committee under the American Psychiatric Association Foundation. Funding: 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.</p>
<p>6. American Psychiatric Association Foundation Leadership (APL) Fellowship</p>	<p>Purpose: 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. Eligibility: Residents in their 2nd year of training. Announcement: Various, including <i>Psychiatric News</i>, AADPRT listserv. Submissions: Training Director's recommendation letter, applicant's CV and personal essay. Deadline: January 30 Honorarium: Travel support and recognition. Component: Selection Committee under the American Psychiatric Association Foundation</p>

<p>7. APA Mentors of the Year Award</p>	<p>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.)</p>
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<p>8. Public Psychiatry Fellowship</p>	<p>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 Mental Health Services Conference. During the Mental Health Services Conference, 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 Mental Health Services Conference. Eligibility: Psychiatry residents must be in training during the fellowship (2 years), APA membership is required. Announcement: <i>Psychiatric News</i>. 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</p>
<p>9. APAF/AACDP Research Mentorship Award</p>	<p>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: July 1 Funding: American Association of Chairs of Departments of Psychiatry and the APAF Component: Selection Committee of the American Psychiatric Association Foundation</p>
<p>10. APA Resident Recognition Award</p>	<p>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: July 1 Component/Funding: Division of Education.</p>
<p>11. Assembly Award for Excellence in Service and Advocacy</p>	<p>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</p>

12. Assembly Resident-Fellow Member (RFM) Mentor Award	Purpose: 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. Eligibility: 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. Selection: 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. Funding: Certificate funded through the Assembly budget. Deadline: March 1
13. Assembly Profile of Courage Award	Established: 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 <i>Principles of Medical Ethics with Annotations Especially Applicable to Psychiatry</i> . Eligibility: 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. Honorarium: A crystal object on a stand with a brass engraving. Component: APA Assembly. Funding: This award is funded through donations from members. Deadline: March 1
14. Awards for Advancing Minority Mental Health	Purpose: 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. Announcement: Website, news headlines (<i>Psychiatric News</i> , <i>Psychiatric New Update</i>) Submissions: Application and Nomination Eligibility: Mental Health programs that have addressed the disparities in minorities represented in high risk groups for mental illness Deadline: January 20. Component: Selection Committee under the American Psychiatric Association Foundation Honorarium: \$5,000 and plaque Funding: Otsuka America Pharmaceutical, Inc.
15. Award for Patient Advocacy	Established: 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. Honorarium: \$2,000 and a plaque. A lecture may be presented during the Annual Meeting. Component: Annual Meeting Scientific Program Committee under Council on Medical Education and Lifelong Learning. Funding: Scientific Program Committee. Deadline: June 1.
16. Award for Research	Established: 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. Honorarium: \$5,000 and a plaque presented at a lecture. Eligibility: U.S. or Canadian citizen nominated by a sponsor who is an APA member. Submissions: 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. Deadline: June 1. Component: Selection Committee under the American Psychiatric Association Foundation. Funding: 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.

17. Berson Award	Purpose: 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 "significant contribution to Psychiatry." Initially Dr. Berson gave the grant to the American Psychiatric Association Foundation. Announcement: Announcement in the APA Senior Psychiatrist's fall Newsletter for nominations. Eligibility: APA Senior Psychiatrist with significant contributions to Psychiatry. Submissions: The 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 "significant contribution to Psychiatry." Initially Dr. Berson gave the grant to the American Psychiatric Association Foundation. Deadline: June 1. Honorarium: Monetary and plaque. Funding: Endowment award fund. Component: Senior Psychiatrists, Inc.
18. Benjamin Rush Award	Established: 1967. 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. Honorarium: Up to \$1000 and a plaque with a maximum of \$500 for travel expenses for non-member winners. Component: Council on Medical Education and Lifelong Learning. Funding: Roche Laboratories, a Division of Hoffman-La Roche, through a grant in 1985. Deadline: June 1.
19. Blanche F. Ittleson Award for Research in Child Psychiatry	Established: 1976. 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. Honorarium: \$2,000 and a plaque. Eligibility: U.S. or Canadian citizens. Submitted work must have been published within five years prior to submission, or officially accepted for publication in the near future. Deadline: July 1. Component: Selection Committee under the American Psychiatric Association Foundation. Funding: Grant from the Ittleson Foundation.
20. Bruno Lima Award for Excellence in Disaster Psychiatry	Established: 1994. 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. Honorarium: Award certificate signed by APA President to be presented at the District Branch; names published in <i>Psychiatric News</i> and listed in annual program as award recipients. Eligibility: District Branch members. Nominations are made from each District Branch (maximum of two members per year per branch). Submissions: A letter summarizing the nominee's contributions, a copy of the nominee's resume/curriculum vitae, and any other supporting documentation. Nomination letter should be signed by DB president and include a description of the DB selection process, a one-page description of the activities for which the individual is nominated, and a description of the disaster event(s). Deadline: July 1. Component: Committee on Psychiatric Dimensions of Disaster under Council on Research. Funding: Committee on Psychiatric Dimensions of Disaster.
21. Carol Davis Ethics Award	Established: 2003. 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. Honorarium: A plaque presented at the Annual Meeting Ethics Committee luncheon for DB/SA Ethics Committee Chairs. (No funding is provided for travel.) Submissions: A publication about ethics that applies broadly to psychiatry. Deadline: November 1. Component: APA Ethics Committee. Submissions are judged by a panel of current and former members of the APA Ethics Committee. Funding: APA Ethics Committee.

22. Chester M Pierce Human Rights Award	Established: 1990. This award recognizes extraordinary efforts to promote human rights of populations with mental health needs through collaboration and advocacy. The award was renamed in 2017 in honor of Chester M. Pierce. In 2021, the award was moved from the APA to the APA Foundation. Honorarium: \$5,000 and lectureship at APA Annual Meeting. 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: Selection Committee under American Psychiatric Association Foundation. Funding: APA Foundation
23. 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 psychiatry. Announcement: Call for applications are circulated in multiple APA communication outlets, including <i>Psychiatric News</i> 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.
24. 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.
25. 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.

26. Diversity Leadership Fellowship	<p>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: <i>Psychiatric News</i>, 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.</p> <p><i>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.</i></p>
27. Frank J. Menolascino Award for Psychiatric Services for Persons with Intellectual Developmental Disorders and Developmental Disabilities	<p>Established: 1997 (previously named Frank J. Menolascino Award for Psychiatric Services for Persons with Mental Retardation/Development Disabilities—changed in 2011). 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 Mental Health Services Conference. 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.</p>
28. George Tarjan Award	<p>Established: 1992. 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 Mental Health Services Conference. 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: July 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.</p>

<p>29. Hartford-Jeste Award for Future Leaders in Geriatric Psychiatry</p>	<p>Established: 2013. 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: July 1 Component: Selection Committee under the American Psychiatry Association Foundation Funding: Combined funds from the John A. Hartford Foundation and American Psychiatric Association Foundation</p>
<p>30. Health Services Research Award</p>	<p>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: July 1 Honorarium: Monetary and plaque Component: Selection Committee under the American Psychiatry Association Foundation</p>
<p>31. Helping Hands Grant Program</p>	<p>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.</p>
<p>32. Irma Bland Award for Excellence in Teaching Residents</p>	<p>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.</p>
<p>33. Isaac Ray Award</p>	<p>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: July 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.</p>

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: July 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	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. Honorarium: Certificate. Eligibility: Psychiatrists who are an alumnae/alumni in SAMHSA or Diversity Leadership Fellowships. Deadline: January 30 Component: Selection Committee under the American Psychiatric Association Foundation Funding: Minority fellowships that are funded by the Substance Abuse Mental Health Services Administration and the American Psychiatric Association Foundation.
37. John Fryer Award	Established: 2004. 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. Submissions: 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. Deadline: July 1 Honorarium: \$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 Mental Health Services Conference (depending on rotation schedule). Component: Selection Committee under the American Psychiatric Association Foundation. Funding: Contributions by members of the AGLP.
38. Judd Marmor Award	Established: 1999. This award lecture honors an individual who has contributed to research advancing the biopsychosocial aspects of psychiatry. Honorarium: \$1,000.00 Eligibility: 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 multi-factorial (bio-psychosocial) elements involved in mental health and illness. Submissions: to be determined Deadline: July 1. Component: Selection Committee under the American Psychiatric Association Foundation Funding: Contribution from Dr. Judd Marmor.
39. Kempf Award for Research Development in Psychobiological Psychiatry	Established: 1987. This award is for published research on the physiological, psychological and/or sociological causes and treatment of schizophrenia. Honorarium: \$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. Submissions: 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. Deadline: July 1. Component: Selection Committee under the American Psychiatric Association Foundation. Funding: Bequest from the estate of Dorothy C. Kempf.

40. Kun-Po Soo Award	Established: 1987 (funded 1991; name changed from Asian American Award in 1996). 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. Honorarium: \$1,000 and a plaque. Eligibility: Nominees need not be Asians, Americans, psychiatrists, or APA members. Submissions: Submissions must include a letter of nomination and documents to support the nominations. Published scholars will be encouraged to submit representative publications. Deadline: July 1. Component: Selection Committee under the American Psychiatric Association Foundation. Funding: From estate of the late Dr. Kun-Po Soo.
41. Psychiatric Research Fellowship	Established: 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. Honorarium: A stipend of \$45,000 will be paid to the institution for disbursement to the fellow. Eligibility: 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. Submissions: 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. Deadline: January 30. Component: Selection Committee under the American Psychiatric Association Foundation. Funding: APAF
42. Manfred S. Guttmacher Award	Established: 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). Honorarium: \$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. Submissions: Six copies each of the work, and an abstract. Deadline: July 1. Component: Selection Committee under the American Psychiatric Association Foundation Funding: A one-time contribution from Professional Risk Management Services, Inc.

<p>43. Member Communications Award</p>	<p>Established: 2011 (formerly Newsletter of the Year Award established in 1968 with different criteria & amended in December 2011). The Member Communications Award recognizes e-Newsletters, Websites, a Communications Plan, or Innovative & 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 & non-member outreach; timeliness; and overall impression.</p> <p>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.</p> <p>The four award categories are:</p> <ol style="list-style-type: none"> 1. The Innovative & Emerging Technology 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 & layout, writing quality and style, timeliness, significance of the issue, and its relevance to members. Innovation is progress! 2. The e-Newsletter category is presented to a district branch/state association or a constituent group that produces a high quality, engaging, timely, & resourceful e-Newsletter that keeps members interested, informed, and involved. The e-Newsletter must display the archive frequency setting. 3. The Website category is judged on the following award criteria: <ul style="list-style-type: none"> • 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. Overall Communications Plan 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. Honorarium: Certificates awarded at the Annual Meeting of the Assembly. Submissions: Members and District Branches are notified directly of each year's competition and sent guidelines and entry forms. Deadline: June 1. Component: Member Communication Work Group under Council on Communications. Funding: Council on Communications
<p>44. Mrazek Award in Psychiatric Pharmacogenomics</p>	<p>Established: 2014. Award lecture at APA Annual Meeting Purpose: 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. Eligibility: Applicants must be a pharmacogenomics clinician. Deadline: July 1. Honorarium: Plaque and \$1,500 Component: Selection Committee under the American Psychiatric Association Foundation Funding: Donation to Mrazek Award fund.</p>

45. Nancy C. A. Roeske Certificate of Recognition for Excellence in Medical Student Education	Established: 1989. 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. Honorarium: Certificate. Eligibility: Nominee must be an APA Member or Fellow. Submissions: 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. Deadline: June 1. Component: Council on Medical Education and Lifelong Learning. Funding: Council on Medical Education and Lifelong Learning.
46. Oskar Pfister Award	Established: 1983. 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. Honorarium: \$1,000 and plaque presented at the APA Annual Meeting. The winner is expected to present a lecture at the Annual Meeting Deadline: July 1 Component: Selection Committee under the American Psychiatric Association Foundation. Funding: The Association of Professional Chaplains and the Harding Foundation.
47. Presidential Commendations	Established: 1979. Winners of the APA Presidential Commendations are selected by the APA President. Up to five Presidential Commendations may be awarded annually. Honorarium: Plaques are presented at the APA Convocation. Funding: Annual Meeting Budget.
48. Psychiatric Services Achievement Awards	Established: 1949. 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. Honorarium: 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 Mental Health Services Conference. Winning programs present at a special afternoon workshop following the Opening Session. Eligibility: 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. Submissions: 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. Deadline: June 1. Component: Council on Healthcare Systems and Financing. Funding: APA
49. Ronald A. Shellow Award	Established: 2004. 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. Eligibility: 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.) Deadline: March 1. Honorarium: 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. Component: Awardees are selected by the Assembly Awards Committee, who shall be under no obligation to make any award at any Assembly meeting. Funding: The award is funded by the Assembly.

50. SAMHSA Minority Fellowship	<p>Purpose: 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. Announcement: <i>Psychiatric News</i>, fellowship listservs, APA meetings. Eligibility: Resident-Fellow Members, particularly minorities. Submissions: Application, up to date CV, References and statement of interest. Deadline: January 30 Component: Selection Committee under the American Psychiatric Association Foundation Honorarium: Travel stipend. Funding: SAMHSA Other: 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.</p> <p><i>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.</i></p>
51. Simon Bolivar Award Lecture	<p>Established: 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. Honorarium: \$500 and a plaque, with travel expenses for nonmember winners. The winner presents a lecture at the APA Annual Meeting. Deadline: July 1. Component: Selection Committee under the American Psychiatric Association Foundation Funding: Eli Lilly and Company and Pfizer Inc.</p>
52. Solomon Carter Fuller Award	<p>Established: 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. Submissions: Letters of nomination, along with candidates' curriculum vitae may be submitted to a member of the Committee of Black Psychiatrists. Deadline: July 1. Honorarium: \$500 and a plaque. Travel expenses are paid for nonmember winners. The winner presents a lecture at the APA Annual Meeting or Mental Health Services Conference (formerly IPS). Component: Selection Committee under the American Psychiatric Association Foundation</p>
53. Spurlock Congressional Fellowship	<p>Purpose: 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. Announcement: In <i>Psychiatric News</i>, fellowship list serves and at APA meetings, APA Foundation outlets Eligibility: RFM/early career psychiatrists. Submissions: Statement of interest, up-to-date CV, References. The award committee reads the applications, discuss and select winner during annual meeting. Deadline: January 30. Honorarium: Travel Stipend Funding: Pfizer Component: Selection Committee under the American Psychiatric Association Foundation.</p>
54. Vestermark Psychiatry Educator Award	<p>Established: 1969. 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 & training. Award recognizes an educator who has made outstanding contributions to undergraduate, graduate or postgraduate education and career development in psychiatry. Honorarium: \$0. Award presented at the APA Annual Meeting. Winner may be asked to present Annual Meeting lecture. Submissions: Nomination letters & CV Deadline: June 1. Component: Council on Medical Education & Lifelong Learning. Funding: APA</p>

<p>55. Warren Williams Assembly Speakers Award</p>	<p>Established: 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. Submissions: Each Area Council has wide discretion and flexibility in its nominations for recipients, which then are ratified by the AEC. Some possibilities include (a) support for a particularly vital legal action; (b) to recognize an outstanding contribution to public sector psychiatry; or (c) supporting a meeting of particular usefulness or timeliness. Honorarium: Each APA Area Council is allocated \$1,000 each year, which may be conferred, in whole or in part, to the winners. Presentation of the individual awards is made in various settings, such as DB and Area Council meetings. Deadline: at the discretion of the Area Councils. Component: APA Assembly. Funding: In 1998-99, funding was given by Sheppard Pratt Health Care Systems. The award is not currently externally funded, but as of 2004 funds are available to support the award for several years.</p>
<p>56. William C. Menninger Memorial Convocation Lecture</p>	<p>Purpose: Announcement: Eligibility: Submissions: Deadline: Honorarium: Funding: Merck and Co., Inc. Component:</p>
<p>57. William Sorum Assembly Resident-Fellow Member Award</p>	<p>Established: 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. Honorarium: Certificate. Eligibility: Nominees must be District Branches or Resident-Fellow Members currently active in a District Branch. Submissions: Nomination letters should be submitted to the Area Council Award Board. The recipients of this award are selected by each Area Council. Deadline: March 1. Component: Each Area has its own Board. Funding: The award is not currently externally funded, but as of 2004 funds are available to support the award for several years.</p>
<p>58. William W. "Bill" Richards Rural Psychiatry Award</p>	<p>Established: 2004. 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. Honorarium: The award is one plaque (or certificate) per Area/per year, to be mailed to the Area Representatives for presentation at their Area Meetings. Eligibility: Psychiatrists who practice in a rural and under-served location, not just those who live in small rural towns. Nominees will be evaluated on contributions to their local community agencies, not just the medical community, length of practice, reputation in the community, clinical excellence, and community involvement. Participation in district branch or Assembly activities is not weighed excessively since many of these psychiatrists may not be active in these areas due to their practices. Applications are submitted with the endorsement and through their district branch membership. Deadline: Reviewed at the spring Area Council meetings; APA notified prior to the APA Annual Meeting. Component: Appropriate committees of Area Council members. Funding: Funding for the award shall be obtained through the Area Council block grant awards.</p>

APPENDIX F: 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 G-1: GENERAL PRINCIPLES AND PROCESS FOR ESTABLISHING AN APA COUNCIL

Approved June 2004

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 V-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 Mental Health Services Conference (formerly IPS). 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	_____ hours/week @ \$_/hour

SOURCE OF FUNDING:

PROPOSED BY:

APPENDIX G-2: GENERAL PRINCIPLES AND PROCESS FOR ESTABLISHING AN APA COMPONENT

(Does not apply to Assembly Committees or Standing Committees)
Approved June 2004

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)
 - 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)
 - 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.

Airfare	_____
Hotel & Per Diem	_____
Conference Calls	_____
Postage	_____
Meeting Room Costs (one-half)	_____
List serve Costs	_____
Staff time required	_____ hours/week @ \$_/hour

SOURCE OF FUNDING:

PROPOSED BY:

APPENDIX I-1: GUIDELINES FOR APPROVAL OF DISTRICT BRANCH REQUESTS TO THE COMMITTEE ON JUDICIAL ACTION

(Formerly 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:
7. 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;
8. 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;
9. the likely impact of the brief on the litigation and/or on public opinion; and
10. the conformance of the district branch position to existing APA policy.
11. District branches should be aware that final approval for APA support depends on approval by the Board of Trustees.
12. *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.
13. Further information can be obtained from the Committee on Judicial Action, American Psychiatric Association, 800 Maine Avenue, SW Suite 900, Washington DC 20024.

APPENDIX I-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, 800 Maine Avenue SW, Suite 900, Washington DC 20024.

APPENDIX J-1: NATIONAL APA MEMBERSHIP DUES

Current APA dues rates can be found on the APA website at www.psychiatry.org/join-apa/general-members

APPENDIX J-2: DISTRICT BRANCH DUES RATES

District Branch and State Association dues ranges can be found online at www.psychiatry.org/join-apa/general-members/district-branch-dues-general-members

APPENDIX J-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 three advantages: * achieve designation of Life Status from APA, * no more annual APA national dues bills, and * lump sum dues are deductible as business expense
2. How much do I pay and what 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. Rates can be found at www.psychiatry.org/mybenefits/lump-sum-dues .
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 <i>Psychiatric News</i> and <i>The American Journal of Psychiatry</i> . 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 (if under the jurisdiction of a district branch, i.e. excludes international members residing/working outside the United States and Canada).
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 <i>The American Journal of Psychiatry</i> , <i>Psychiatric News</i> , 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?
Yes. Previously, Life Status was based on the rule of 95 and would not be conferred via payment of the lump sum dues. No individual shall be eligible for the Rule of 95 after the 2021 membership renewal year. Now, Life Status is a designation that can be achieved by either (i) being a member for 30 or more years or (ii) paying lump sum dues to become a member for life .
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 am interested in the Lump Sum dues program, but I do not have the full amount now. Can I pay in installments?
Yes, we encourage one payment of the total amount, but 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 six (6) months of the first payment.
10. 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?
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.
11. If I resign from the APA, do I get any of the Lump Sum dues back?
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.)

12. 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?
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.
13. Will I lose my membership if I fail to pay the balance due?
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.

APPENDIX J-4: CRITERIA FOR DUES RELIEF

Temporary exceptions to the following criteria may be recommended by the Membership Committee.

Inactive Status and Dues Waiver

The Board in its sole discretion may place members from any category in inactive status, excuse payment of dues, and waive or reduce dues of members. However, the intent of inactive status or dues waiver is that it be limited to those members who have had an event that temporarily impacts their ability to work (such as a serious illness) and shall not be used to accommodate Semi-Retired or Retired Members after 2021.

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 such as a serious illness (see guidelines below). Temporary Inactive status is conferred by the Board of Trustees upon recommendation of the Membership Committee and is limited to one calendar year. Inactive Members/Fellows do not receive the publications of the Association except by subscription, nor do they receive a discount to the Annual Meeting or credit toward the 95-point formula (which will close permanently in 2021) for achieving Life Status for those years of Inactive Membership, they cannot hold office, vote or serve on Committees. This also applies to International Members.

Permanent Inactive Status

A member may apply for Permanent Inactive Status when he/she is unable to continue as an active member as a result of major illness or similar hardship. Inactive Members/Fellows do not receive the publications of the Association except by subscription, nor do they receive a discount to the Annual Meeting or credit toward the 95-point formula (which will close permanently in 2021) for achieving Life Status for those years of Inactive Membership, they cannot hold office, vote or serve on Committees. A transfer to Inactive Status would be paralleled by a similar change in District Branch membership. This also applies to International Members.

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 (which will close permanently in 2021) for achieving Life Status for the years the member is in the dues relief status District Branch MUST take action on a dues relief request in order to be fully considered for relief.

The Membership Committee and Board of Trustees have determined different levels of relief for different hardship categories, defined as follows:

- **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. This also applies to International Members.

- **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:

Able to work full time	No dues waiver
Able to work part-time, 20 or more hours/wk	20% dues waiver
Able to work part-time, less than 20 hours/wk	50% dues waiver
Unable to work at all	100% dues waiver

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. This also applies to International Members.

- **Couples**

Couples who are both gainfully earning income as psychiatrists will have the APA 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 are three levels dues relief levels 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 at 30%, 50%, or 100%. If requested, reductions will be renewable for a second year after special review.

- **Financial Hardship for International Members/Fellows**

International Members/Fellows facing financial hardship due to divorce, alimony, child support, college expenses for children, other family support obligations, repayment of student loans, change of career path or other special fiscal consideration are eligible for a one year reduction of dues of either 30% or 50%. 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.

International Members/Fellows living in countries with a mandatory retirement age and fully retired (i.e., cannot be earning any income from the profession, including consulting work) are eligible for a 50% reduction of dues based on the mandatory retirement age. Members must apply by contacting the APA in writing or submitting a Retired Dues Request Form for International Members/Fellows. Members receiving the Retired Dues reduction will continue to receive all benefits.

- **Military Service**

A member who is not a full-time physician in the U.S. Armed Forces, but who is serving in the U.S. Armed Forces Reserves and has been called to active duty is eligible for a full waiver of dues for the length of his/her service.

- **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 branch 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.

APPENDIX J-5: APPEALS PROCESS FOR DISTINGUISHED FELLOWSHIP

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 K: CONTINUING MEDICAL EDUCATION MISSION STATEMENT

(Updated August 2020)

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 support and 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 through collaboration and through Joint Sponsorship accreditation of Allied Education Groups and at the District Branch level with appropriately trained representatives.
- C. Education of members in ethical standards and their application in various clinical settings.
- D. Incorporating policies and practices that address diversity, equity and inclusion in education programs.
- E. Ongoing assessment of member needs and of the effectiveness of the programs offered, incorporating real-time data assessment.
- F. Delivery of programs that address the integration of knowledge from various disciplines, as applicable to the clinical practice of psychiatry and address interprofessional education as it applies to the evolving role of psychiatrists in interprofessional care.
- G. Creation of innovative programs of individualized study and self-assessment.
- H. Development of specific educational programs for psychiatrists preparing for certification and continued certification which incorporate evolving ABPN requirements.
- I. Creation of educational activities that promote and maintain competence.
- J. Exploration of new methodologies for assessing knowledge attainment and measuring practice improvement.
- K. Regular review of application of new assessment technologies and Incorporation of healthcare and practice data.

APPENDIX L: 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 M: 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 50 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 75-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 75 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 75 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 Mental Health Services Conference 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.

APPENDIX N: FINANCIAL STATEMENT, DISCLOSURE OF AFFILIATIONS AND CONFLICT OF INTEREST POLICY

American Psychiatric Association
DISCLOSURE OF AFFILIATIONS AND INTERESTS POLICY
Approved by the Board of Trustees: March 14, 2020

Participants in the American Psychiatric Association's (APA's) component and governance structure are important in the organization's policy setting, evaluation of research, and ability to speak credibly on a national and international basis. For this reason, APA has adopted a policy of maximum disclosure of Participant's Affiliations and Interests from anyone participating in its governance and component structure. Such disclosure is necessary to ensure the integrity of the APA's policies, positions, publications and other services and to protect the Participants, the APA and the profession.

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, individuals participating in APA activities, 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 be in conflict with the work of the Association, the individual will be expected to disclose the potential conflict prior to the discussion, and if determined by the chair of the committee to be a conflict, recuse themselves from any vote arising from the discussion. If a conflict is identified that is relevant to the work of the Association, and if the member involved is in a superior position creating a power differential (e.g. Executive Committee Member of the BOT, Assembly Officers, Committee Chair), that member will be invited to give a position summary and given time at the discretion of the chair to answer questions, and then be recused from the deliberations and vote. If there is no power differential, the member cannot vote, but can participate in the deliberations. In cases where the Chair of a committee may have a conflict, the Vice Chair shall make the decisions.

All parts of APA's governance structure are encouraged to develop their own guidelines for avoiding such potential conflicts to ensure maximum participation by members in deliberations and voting.

4. Every APA meeting should have an agenda that is distributed in advance to participants. Participants shall review the agenda and orally disclose at the beginning of the meeting any Interest or Affiliation they have that has any relevant relationship to the subjects to be discussed at the meeting. Any relevant Interests or Affiliations that arise during the course of the meeting should be disclosed, and the chair of the committee should determine the resolution of the conflict. Oral disclosures should be up to the date of the meeting. Written disclosure forms are available upon request to the chairperson of each entity prior to each meeting.
5. Disclosure forms shall be updated as new Interests or Affiliations are acquired.
6. 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 disclosing party or action by the APA Board of Trustees authorizing such disclosure. Notwithstanding the foregoing, the disclosing party 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.
7. 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. Stock 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.

The majority (fifty-one percent or more) of a Group in Tier #1 must comprise individuals who have no financial interest in Industry Sources.

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, 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; the Chair and Vice Chair of DSM Text Revision projects; 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 ideally should not have any conflict of interests.

Tier #2: Full disclosure is required from the time of appointment, election, or publication from: 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 (including Text Reviewers and Section Editors for Text Revision projects), 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.

8. 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 Conflict of Interest Committee which will forward recommendations for appropriate action to the Board of Trustees.

As used in this policy and in APA's disclosure forms, capitalized terms have the following definitions:

- **"Affiliations"** are close relationships the person has with non-profit corporations, for profit corporations, educational or religious institutions.
- **"Interests"** include financial, professional, personal, and intellectual interests.
- **"Close Associate"** means a domestic partner, spouse and/or dependent child.

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 at apagov@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%):

Source: include nature and subject of consultation, identity of entity, etc.)	% of Income and year received	X if > \$25,000	X if Underwritten directly or indirectly by pharmaceutical or health industry funding
<i>Grand Total</i>	<i>100%</i>		

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.

KEY NUMBER: 1. Consultant 2. Full- or Part-time Employee 3. Grant-Research Support received or pending 4. Speaker's Bureau 5. Honoraria 6. Stock or other financial options	7. Royalties (including right to share of revenue or profit from pharmaceutical, device or other development or product) 8. Patents received or pending 9. Officer, director/trustee, executive (specify) 10. Other (specify)
---	--

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
--	--

Commercial or Other Organization	Relationship (e.g., self, spouse, family member, etc.)	Role Key #(s)	Income Range Key #'s

List terminations and divestitures of significant commercial interests/affiliations in the past year

Commercial or Other Organization	Relationship (e.g., self, family member, etc.)	Key #(s)	Nature of Change

(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 O: 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.

F. 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 P: 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.

Criteria for Evaluating Councils (approved by the Board of Trustees, March 2022)

1. The Council's past, current, and future activities, individually and as a whole, reflect APA's goals, values, and budget allocations.
2. The Council's work products, educational initiatives (including workshops/symposia at APA meetings), and ongoing projects are valuable to members.
3. The Council exercises effective cross-collaboration across components.
4. The Council's operations and functioning is stimulated and organized, garners adequate resources, both of staff and member time.
5. The Council is actively engaging RFM and ECP members.
6. The Council promotes and advances diversity, equity, inclusion, and antiracism.

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.

ISSUE:	
Work Product:	
Brief Background/Rationale for the work product:	
Required resources:	
Responsible Entities:	
Tasks:	
Timeline for Completion:	

Yearly Assessment of Council

The Joint Reference Committee requests a yearly snapshot for Councils to report 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.

Councils will be asked to provide the following information:

- Top 3 activities from the previous year (include examples of cross-collaboration with other components where applicable):
 - Brief summary of each activity (listing tangible work product), including educational initiatives such as workshops/symposia at APA meetings where applicable).
 - Brief summary of how the Council actively engage RFM and ECP members.
 - Brief summary of how the Council promotes and advances diversity, equity, inclusion, and antiracism.
 - Assessment of the participation of Council members.
- Top 3 Work priorities/issues for the coming year; provide brief description

Councils will be asked to attach a copy of the charge to the council from the APA Operations Manual.

APPENDIX Q-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 F 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 G 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 Mental Health Services Conference. Corresponding Committees and Task Forces may meet at the Annual Meeting or Mental Health Services Conference. Component meetings held at the Annual Meeting or Mental Health Services Conference 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 Mental Health Services Conference.) 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 Mental Health Services Conference (formerly IPS). Expense forms are provided for requesting reimbursement. The travel policy is in Appendix Q-3, "Travel Reimbursement Policy," of this manual.

9. Group Meals

There is a ceiling of \$76 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 \$76/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 Q-2 INVESTMENT POLICY STATEMENT
LONG TERM RESERVES
June 2020

GENERAL INFORMATION

The American Psychiatric Association ("APA") is a medical society recognized worldwide. Its 40,000 U. S. and international physicians specialize in the diagnosis and treatment of mental and emotional illnesses and substance use disorders. The American Psychiatric Foundation ("APF") is a charitable organization established to assist and support the APA's charitable, educational, scientific, and research purposes. The Long Term Reserve Fund includes the APA and the APF. The APA has entered into an agreement with the APF to combine investments into a combined Fund. The Fund is combined for investment purposes, but accounted for and owned separately. Hereinafter, "Association" shall refer to the APA and APF.

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 Board of Trustees to oversee the investment account placement, reporting and monitoring. The IOC operates in conjunction with the finance department, investment advisor, and investment managers.
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 APF Boards of Trustees (Directors) have the ultimate fiduciary responsibility for and authority over each entity's investments. The Boards of Trustees have charged the IOC, which reports through the Finance and Budget Committee, to oversee the investment account placement, reporting, and monitoring.

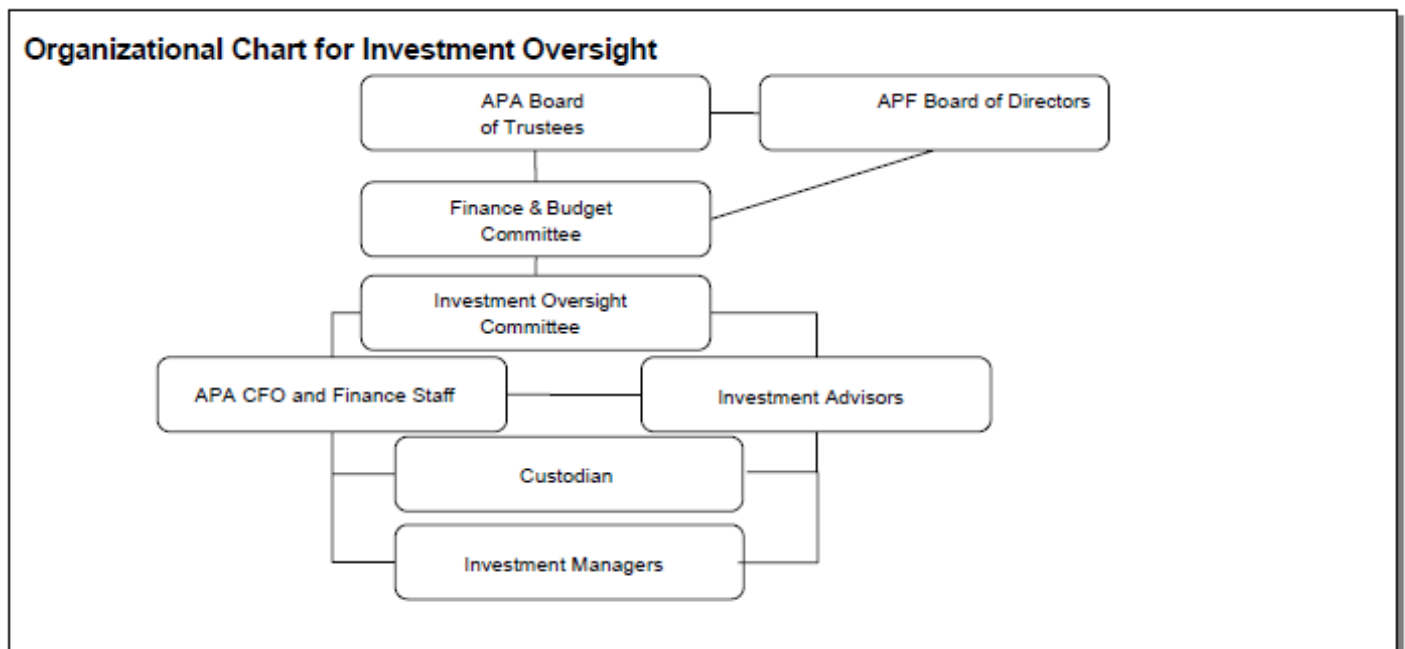
The IOC is authorized to retain professional experts in various fields. These include, but are not limited to: investment advisors, investment managers, custodians, and additional specialists such as attorneys, auditors, investment consultants, and others may be employed by the IOC to assist in meeting 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. Investment managers will be held responsible and accountable to achieve the objectives herein stated. While it is not believed that the limitations will hamper the investment managers, each investment 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
Investment Advisors



ASSIGNMENT OF RESPONSIBILITY

Responsibility of the Investment Oversight Committee

The 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 of an enterprise of like character and with like aims. Specific responsibilities of the 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 managers, investment advisors, and custodians.
5. Regularly evaluating the performance of the investment managers to assure adherence to policy guidelines and monitor investment objective progress.
6. Developing and enacting proper control procedures: For example, replacing investment managers 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 managers, investment advisors, and custodians.
8. Provide investment managers with a copy of the Investment Policy Statement which provides, in writing, the general principles by which the IOC expects investment managers 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 investment manager decisions made by the IOC with the assistance of the investment advisor and custodian.
3. Invest new additions into the Fund and fund withdrawals from the Fund in a timely manner with the assistance of the investment advisor and custodian.

4. Prepare special reports and analysis as requested by the IOC with the assistance of the investment advisor.

Responsibility of the Investment Advisor(s)

The investment advisor's role is that of a non-discretionary advisor, whose recommendations require approval of the IOC for implementation. The investment advisor 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 Investment Policy Statement. Specific responsibilities of the investment advisor include:

1. Assisting in the development and periodic review of the Investment Policy Statement.
2. Conducting investment manager searches when requested by the IOC.
3. Providing "due diligence", or research, on the investment managers.
4. Monitoring the performance of the investment managers 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 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 Investment Policy 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 managers 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 Policy.
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, 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 Investment Policy Statement
6. In general, notify the IOC, through the finance department or the investment advisor, for approval to initiate any transaction that could generate unrelated business taxable income.
7. Seek consultation from the finance department or the investment advisor 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 (as defined by CPI) 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 managers 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 managers 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. Any withdrawals from the Long Term Reserves shall be approved by the Board of Trustees.

DEFINITION OF RISK

The IOC realizes that there are many ways to define risk. The IOC 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 managers 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 3*.

INVESTMENT MANAGER PERFORMANCE REVIEW AND EVALUATION

A standard package of performance reports, generated by the investment advisor, shall be compiled at least quarterly and communicated to the IOC for review. The investment performance of 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 3* to 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 managers 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 managers, investment advisors, 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 Fund.

"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 direct investments in pharmaceutical, managed health care, tobacco and fossil fuels sectors. Investment managers are not permitted to invest directly in securities within 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 security 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.
5. All cash, interest earned, and dividend payments shall be swept on a daily basis into an short-term government 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 Depositary 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 10% 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 Depositary 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

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 up to a 30% allocation of the Fund's assets in alternative investments strategies. The goal of the allocation into these strategies is to further diversify the Fund's assets in investment strategies which typically have lower volatility than traditional equity investments as well as lower correlations to the directional moves of both traditional equity and fixed income investments. Alternative strategies are listed in *Appendix 2*.
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 recommendation to invest within a new alternative asset class requires full board approval.
4. Direct hedge fund, hedge fund of funds, or opportunities with similar risk management properties are permissible, consistent with existing Board policy.
5. Real estate investments are permissible only through an open-ended investment fund managed by an investment manager. Direct investment in real estate physical properties is prohibited.
6. Infrastructure investments are permissible only through an open-ended investment fund managed by an investment manager. Direct investment in infrastructure physical assets is prohibited.
7. Investments in closed end illiquid limited partnerships are prohibited.

Prohibited Transactions

Prohibited transactions include, but are not limited to direct short selling, margin transactions, and securities lending transactions.

APPENDIX 1

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 of 5%, which is in excess of current inflation, 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 in *Appendix 2* 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 manager.
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 2

Aggregate Fund Asset Allocation Guidelines

Investment management of the assets of the Fund assets 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 funds and real estate) within the alternative classification. At no time can the total allocation to all alternative investments exceed 30% of the Fund.

	<u>Minimum</u>	<u>Target</u>	<u>Maximum</u>
Traditional:			
Core Fixed Income	12.5%	17.5%	22.5%
High Yield Fixed Income	0.0%	2.5%	5.0%
Bank Loans Fixed Income	0.0%	2.5%	5.0%
EM Fixed Income	0.0%	2.5%	5.0%
<u>Total Fixed Income</u>	<u>20.0%</u>	<u>25.0%</u>	<u>30.0%</u>
All-Cap Core U.S. Equity	32.5%	37.5%	42.5%
<u>Total U.S. Equity</u>	<u>32.5%</u>	<u>37.5%</u>	<u>42.5%</u>
All-Cap Non-U.S. Equity	7.5%	12.5%	17.5%
Small-Cap Non-U.S. Equity	0.0%	2.5%	5.0%
Emerging Markets Non-U.S. Equity	0.0%	2.5%	5.0%
<u>Total Non-U.S. Equity</u>	<u>12.5%</u>	<u>17.5%</u>	<u>22.5%</u>
<u>Cash or Cash Equivalents</u>	<u>0.0%</u>	<u>0.0%</u>	<u>5.0%</u>
Alternative:			
Multi-Strategy	0.0%	4.0%	8.0%
Defensive Equity	0.0%	4.0%	8.0%
<u>Total Hedged Funds</u>	<u>3.0%</u>	<u>8.0%</u>	<u>13.0%</u>
Core	4.0%	9.0%	14.0%
Value Added	0.0%	3.0%	6.0%
<u>Total Real Estate</u>	<u>7.0%</u>	<u>12.0%</u>	<u>17.0%</u>

APPENDIX 3
Investment Manager Structure

Asset Class	Relative Benchmark	Investment Manager
Core Fixed Income	BarCap U.S. Aggregate	Vanguard
Core Fixed Income	BarCap U.S. Aggregate	Fidelity
Core Fixed Income	BarCap U.S. Aggregate	Baird
High Yield Fixed Income	BarCap High Yield	Touchstone
Bank Loans Fixed Income	CSFB Leveraged Loan	Nuveen
EM Fixed Income	Custom Benchmark	TransAmerica
Short-Term Fixed Income	BarCap Govt/Corp 1 Yr.	Vanguard
Total Fixed Income	BarCap U.S. Aggregate	
All-Cap Core U.S. Equity	Wilshire 5000	Vanguard
All-Cap Core U.S. Equity	Wilshire 5000	Fidelity
Total U.S. Equity	Wilshire 5000	
All-Cap Non-U.S. Equity	MSCI ACWI ex-U.S.	Vanguard
All-Cap Non-U.S. Equity	MSCI ACWI ex-U.S.	Fidelity
All-Cap Non-U.S. Equity	MSCI ACWI ex-U.S.	Dodge & Cox
Small-Cap Non-U.S. Equity	FTSE Global Small-Cap ex-U.S.	Vanguard
Emerging Markets Non-U.S. Equity	MSCI Emerging Markets	DFA
Total Non-U.S. Equity	MSCI ACWI ex-U.S.	
Multi-Strategy	HFRX Global	Corbin
Defensive Equity	HFRX Equity	Parametric
Total Hedged Fund of Funds	HFRX Global	
Core	NFI ODCE	Morgan Stanley
Value Added	NFI ODCE	UBS
Total Real Estate	NFI ODCE	

Other Fund Professionals:

Commission Recapture Agent(s):	N/A
Custodian(s):	BB&T
Investment Consultant:	Marquette Associates
Securities Lending Provider:	N/A
Third Party Administrator:	N/A
Proxy Voting Service:	N/A

APPENDIX 4
Investment Professional Adoption of Policy

This Investment Policy Statement was adopted by the American Psychiatric Association on June 10, 2020.

APPENDIX Q-3: TRAVEL REIMBURSEMENT POLICY

Revised 2016

Objectives of this policy are to:	<ul style="list-style-type: none">- 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.

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 Q-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 processed 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	<p>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 Administrative Services Department.</p> <p>In determining the lowest practical fare, the following guidelines should be used:</p> <ul style="list-style-type: none">• 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 <u>only</u> 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.
Local transportation	<p>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.</p>
Parking fees	<p>Actual costs are reimbursable (receipt required if over \$25).</p>
Toll road charges	<p>Actual costs are reimbursable (receipt required if over \$25).</p>
Bus, train, non-commercial aircraft, etc.	<p>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.</p>

Privately owned vehicles	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 57.5 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.
Car Rental	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.
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 2020 is \$76.

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 contract 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 event in person.

APPENDIX Q-4: OFFICER REIMBURSEMENT POLICY AND PROCEDURES

Approved June 2001; Revised March 2003, July 2005, December 2010; December 2013

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.

	Honoraria	June payment	January payment
President	127,200	74,200	53,000
President-elect	61,200	35,700	25,500
Speaker	45,300	26,425	18,875
Speaker-Elect	30,300	17,675	12,625

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.

	Travel Advance	Amount held centrally	Amount provided to Officer	June payment	January payment
President	60,500	5,000	55,500	32,375	23,125
President-elect	44,300	5,000	39,300	22,925	16,375
Speaker	32,148	3,000	29,148	17,003	12,145
Speaker-elect	16,100	2,000	14,100	8,225	5,875

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 Q-5: POLICY FOR THE ADMINISTRATION OF AWARDS

June 1992; Revised March 2003; December 2013; March 2016; March 2022

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 in accordance with the timeline below; 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 recipient 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 accordance with the schedule below. In most cases, announcements or requests for nominations or submissions are placed in *Psychiatric News* and other print and electronic publications and/or social media accounts. Sources of potential candidates, such as university and hospital

departments of psychiatry, should 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.

5. Procedures for Selection of Award Recipients

CRITERIA FOR SELECTION AND PROCESS:

Criteria: 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. Each selection should be graded using an established and approved scale and recorded in accordance with the award criteria on a scale of 1-4. The nomination with the highest grade at the end shall be considered the award recipient. These are often determined by the conditions of the bequest/grant, by agreements with co-sponsoring organizations, or by the administrative component. The Joint Reference Committee or APAF Board (where applicable) must criteria established by the appropriate component. All awards must include diversity, equity, and inclusion as a criteria.

Conflict of Interest: Members of the Selection Committee may not be nominated or considered for the Award. If a member of the Selection Committee nominates a candidate, they may not participate in the deliberations regarding that candidate and cannot vote in the selection. If a member of the Selection Committee is related to a nominee personally or through their employment, the Selection Committee members should be recused from the discussion of that candidate and votes on that candidate. Selection Committee members are expected to solicit nominations from broad groups of people and not limit nominations only to members of the Council or Committee responsible for the selection. The Chair of the Council administering the Award is not eligible for nomination and may not be an award nominee while they are Council Chair. Members of the Component that administers the award other than the Chair are eligible for nomination and may be nominated for an award, but may not participate in the discussion, selection or approval of award candidates.

Competition: APA strives to have multiple candidates from whom to select an awardee. However, if there is only one submission, this does not preclude an award, but the submission should be judged with the same rigor as if there had been multiple submissions. Only high quality and excellent work should provide the basis for an award. The award 169 is not required to be given every year.

Reporting to the JRC: Award committees, in their report to the JRC or APAF Board (where applicable), should provide data on where the award was advertised and when, how many applications were received, identification of any real or apparent conflicts of interest, and a summary of the reason for the selection of the award recipient over other nominees.

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 Recipients: 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 JRC or APAF Board (where applicable) before designating multiple recipients for the award.

Notification of Recipients: 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.

B. Procedures for Establishing 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 of APA or APAF depending upon award sponsorship must make final approval. Proposals for new awards should proceed through the established approval process which is designed to encourage participation at several levels.

Approval through the APA or APAF Executive Committee may be sought in cases requiring immediate action. However, the established approval process is the preferred method for establishing new awards since it incorporates the collective knowledge and judgment of several components. It is at the discretion of the appropriate Executive Committee to determine if "immediate action" is necessary.

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.

Criteria to Select Award Recipients: The award proposal should contain a scoring card setting out the criteria on which applications will be judged. The scoring will be from 1 – 4 with 4 being the best. Each set of criteria must include consideration of diversity, equity and inclusion. The JRC must approve the score card.

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.

Solicitation of Nominations and Deadlines for Award Consideration

APA's goal is to broadly solicit nominations for APA awards and ensure that the Awards are highly desirable and reflect acknowledgment of exceptional quality work. The following is the schedule for the award timing.

January 15: Comms/Mkt push (social media, Psych News, etc.)

February 1: Staff liaisons share awards with components, on APA listservs, and with District Branches

February 15: Comms/Mkt push (social media, Psych News, etc.)

March 15: Comms/Mkt push (social media, Psych News, etc.)

April 1: Staff liaisons conduct targeted advertising for their awards (e.g., external organizations, APA components/listservs for specific groups)

April 15: Comms/Mkt push (social media, Psych News, etc.)

May 15: Comms/Mkt final push (social media, Psych News, etc.) and staff liaisons final share of awards with components, on APA listservs, and with District Branches

June 1: Deadline to submit nominations for awards.

June 1-Aug. 1: Staff reaches out to nominators to get information needed for review if any is missing.

August 15: materials submitted to selection committee

September: Award winners determined during September Components meetings

October – December: Award winner approvals by relevant components (e.g., JRC, APAF Board, APA Board, Assembly)

APPENDIX Q-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.