

APA International Resident-Fellow Member Application

Detach and return the completed application by mail or fax:

American Psychiatric Association
Membership Department
800 Maine Avenue, S.W., Suite 900
Washington, DC 20024

Fax:
1-202-403-3673
Email:
membership@psych.org

Or Join online at
psychiatry.org/join

PERSONAL INFORMATION

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

Family/Surname: _____ First Name: _____ Middle Initial: _____

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

Office Phone (Country Code/City Code/Phone): _____ Home Phone (Country Code/City Code/Phone): _____ Gender: _____

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

Primary Email: _____ Secondary Email: _____

MAILING ADDRESS

PRIMARY MAILING ADDRESS Home Office **PROFESSIONAL MEMBERSHIP IN MEDICAL SOCIETIES**

Street Address: _____ Name: _____

Street Address (Line 2): _____ Location: _____

City: _____ State/Province: _____ Name: _____

Country: _____ District/Postal Code: _____ Location: _____

EDUCATION

Medical School (Required): _____ **PSYCHIATRIC TRAINING ENDORSEMENT**

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

City: _____ State: _____ Country: _____ Letter attached

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

PSYCHIATRIC TRAINING (and other medical specialty training including fellowship programs; list the most recent training first and include copies of training certificates.) **ETHICS**

If YES to any of the three questions, please furnish details in a confidential communication to the APA Membership Committee Chair and attach to this application.

Training Program/School: _____ Has your license to practice medicine ever been revoked or suspended? Yes No

City: _____ State: _____ Begin Date: MM/YYYY Are you currently charged with illegal or unethical professional conduct by a regulatory or law enforcement agency or by a professional society? Yes No

Country: _____ Date Completed or Expected: MM/YYYY Have you ever been sanctioned or held liable by a regulatory body or court or sanctioned by a professional society? Yes No

Training Program/School: _____ **ETHICS AGREEMENT**

City: _____ State: _____ Begin Date: MM/YYYY By renewing my APA membership, I am attesting that I either am not aware of any action or investigation regarding my license to practice medicine or that I am aware of such action and will immediately send notice of the action or investigation to APA by electronic mail to apaethics@psych.org. APA's Ethics Committee may follow up with you in the event it receives notice of an action or investigation from you.

Country: _____ Date Completed or Expected: MM/YYYY

AGREEMENT

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

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

Signature: _____ Date: MM/DD/YYYY

MEMBERSHIP DUES

APA International Membership is annual from January 1 through December 31. International membership dues are payable in USD and are not prorated.

Please see World Bank country list (on the back) to determine your country of residence income group category.

PAYMENT INFORMATION

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

Amount to be Charged (USD):
\$ _____

Credit Card Number: _____

Name As It Appears On Card: _____

Expiration Date: MM/YYYY Security Code: _____

Signature _____ Date: MM/DD/YYYY

APA International Resident-Fellow Membership Dues

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

Income Category Group	Annual Dues Rate
High Income (HI)	USD \$41.00
Upper Middle Income (UMI)	USD \$35.00
Lower Middle Income (LMI)	USD \$26.00
Low Income (LI)	USD \$10.00

COUNTRY LIST & Income Category Group (defined by World Bank as of 2021)

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

*Individuals from countries against which the United States Treasury Office of Foreign Assets Control has issued comprehensive sanctions (including Cuba, Iran, North Korea, Syria and the Crimea Region of Ukraine) are eligible to receive information and informational materials only, as allowed by the exemptions within the relevant OFAC sanctions programs. For questions, please contact membership@psych.org.