APA 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:
202-403-3673
Email:
membership@psych.org

Or **join online** at **psychiatry.org/join**

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

PERSONAL INFORMATION

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
(Area code/number): Home Phone
(Area code/number): Gender:

Fax Number
(Area code/number): Cell/Mobile
(Area code/number): Degree:
☐M.D. ☐D.O. ☐M.B.B.S.

Primary Email: Secondary Email:

MAILING ADDRESS

PRIMARY MAILING ADDRESS ☐ Home ☐ Office

Street Address:

Street Address (Line 2):

City: State/Province:

Country: Zip/
Postal Code:

SECONDARY MAILING ADDRESS ☐ Home ☐ Office

Street Address:

Street Address (Line 2):

City: State/Province:

Country: Zip/
Postal Code:

EDUCATION

Medical School (Required):

University/School Name:

City: State: Country:

Degree: Begin date: MM/YYYY Completion: MM/YYYY

PSYCHIATRY RESIDENCY ENDORSEMENT

Please provide your residency training director's contact information to verify your psychiatric training.

Director of Psychiatry Training:

Email Address:

PSYCHIATRY RESIDENCY TRAINING

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

Training Program/School:

City: State: Begin Date: MM/YYYY

Country: Date Completed or Expected: MM/YYYY

Training Program/School:

City: State: Begin Date: MM/YYYY

Country: Date Completed or Expected: MM/YYYY

ETHICS

If you respond YES to any of these questions, please furnish details in a confidential communication by email to apaethics@psych.org.

Has your license to practice medicine ever been revoked or suspended?	☐ Yes ☐ No
Are you currently charged with illegal or unethical professional conduct by a regulatory or law enforcement agency or by a professional society?	☐ Yes ☐ No
Have you ever been sanctioned or held liable by a regulatory body or court or sanctioned by a professional society?	☐ Yes ☐ No

ETHICS AGEEMENT

By renewing my APA membership, I am attesting that I either am not aware of any action or investigation by any state board of medicine 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.

AGREEMENT

In consideration of my membership in the APA and the District Branch 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, the District Branch, and if applicable, the State Association 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. Upon review and acceptance of an application by the APA, you will be given provisional membership, and full APA benefits, while the District Branch (DB) reviews the application. Voting rights will not commence until you become a fully recognized member in the DB (including payment of dues) at which time you will be a fully recognized member of the APA and the DB. If a DB rejects an application, the reason will be provided along with a full refund of payment.

Signature: Date: MM/DD/YYYY

RESIDENT-FELLOW MEMBERSHIP DUES

APA annual national membership dues are free for the first year, then $107/US ($66/CAN). To determine your District Branch/State Association dues please refer to **psychiatry.org/residentDBdues** for your dues amount.

Questions? Call the APA Membership Department for clarification on the dues payment amount to send with your application at 202-559-3900 or 1-888-357-7924.

PAYMENT INFORMATION

Amount to be Charged (USD):
$

☐ 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

Credit Card Number:

Name As It Appears On Card:

Expiration Date: MM/YYYY Security Code:

Signature Date: MM/DD/YYYY