

Resident-Fellow Member

Membership Guide and Application



Medical leadership for mind, brain and body.

When you join the American Psychiatric Association (APA), you become part of a community of **36,000 physicians worldwide** dedicated to promoting the highest quality care for patients, participating in lifelong learning and discovery, and advocating for the psychiatric profession.

Joining APA as a Resident-Fellow Member represents an important milestone in your career. Enhance your training experience through new professional relationships and opportunities. From supplementing and reinforcing your clinical education to advancing your career and building meaningful connections, the APA is your lifelong partner in psychiatry.



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

Roadmap to a successful transition to practice

As you complete your residency training and begin your career, APA recognizes the unique interest and concern of early career psychiatrists and has developed top-notch tools and resources to help you be successful:

- MOC and MOL resources
- Free and discounted online CME through the APA Learning Center
- Relevant job postings at JobCentral
- Valuable everyday practice management tools
- Members-only malpractice insurance program
- Find a Psychiatrist database, to help establish a patient base

You're building a career. APA can help.

The APA is here to be a resource and partner as you navigate through your residency training. Resident-Fellow Members receive exclusive access to key education and training resources you can use every day. Whether through important fellowships, prestigious awards, or participation in the governance of the APA, the APA offers you ample opportunity to expand the scope of your experience and make a difference in the lives of your patients.



SET YOURSELF UP FOR SUCCESS

Access the new Supplemental Education and Training program (SET for Success), an online experience designed to help residents build knowledge around the ACGME core competencies and Psychiatry Milestones and learn about the business of medicine. Offered through the APA Learning Center, SET includes more than 50 free on-demand courses.



ATTEND THE PREMIER ANNUAL MEETING IN PSYCHIATRY

Receive discount registration to the APA Annual Meeting, the largest clinical psychiatric meeting in the world (\$70 savings) and IPS: The Mental Health Services Conference (\$30-60 savings). Attend resident focused tracks, the Resident Leadership Conference, and special networking events.



DISCOVER INNOVATIVE RESEARCH WITH APA JOURNALS

Receive free print and online subscription to *The American Journal of Psychiatry* (\$306 value) including *AJP in Advance*, *Residents' Journal*, *Psychiatric News' Residents' Forum*, and *Psychiatric News*.



MANAGE RESIDENCY'S DEMANDS WITH PRACTICAL GUIDES

Access practical guides written by psychiatrists designed to be your compass as you navigate psychiatric training: Resident's Guide to Surviving Psychiatric Training and Building a Career in Psychiatry. Also receive a 25% discount through APA Publishing on more than 700 books and journals, including the most used reference books by residents.



CAPITALIZE ON FELLOWSHIPS, AWARDS, AND COMPETITIONS

Bolster your CV and showcase your medical knowledge through APA fellowships, awards, and competitions. Whether it's leadership, research, diversity, or a sub-specialty, there are more than **100** ways to pursue your interests.



NETWORK WITH LEADERS IN PSYCHIATRY

Make meaningful connections with a global community of psychiatrists through leadership opportunities, by attending national and local meetings and events, and through online communities including LinkedIn, listservs, and the APA membership directory.

National And Local Membership Dues

The first year of Resident-Fellow membership at the national level is free!

After your first year, annual national membership dues are \$107/US (\$66/CAN).

APA and its District Branches/State Associations (DB/SA) have a dual membership requirement.

Resident-Fellow Members must join both organizations to participate. State-level dues help sponsor local meetings and conferences to support APA members. District Branch/State Association dues vary by state. Some DB/SA dues are free or deeply discounted.

Please visit psychiatry.org/residentDBdues for a list of DB/SA dues rates by state.

The APA and DB/SA membership year runs from January 1 through December 31. Membership continues on an annual basis, unless written notification is received from the member or dues are not paid by March 31 of the following year. For new members, dues are prorated on a quarterly basis for the first year. Contact the APA Membership Department if you need clarification on the dues payment amount to send with your application: call 1-888-357-7924, or email membership@psych.org.

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

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 (Area code/number): | Home Phone (Area code/number): | Gender: Male Female |
| 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 | SECONDARY MAILING ADDRESS | Home | Office |
|--------------------------|------|----------------------|---------------------------|------|----------------------|
| Street Address: | | | Street Address: | | |
| Street Address (Line 2): | | | Street Address (Line 2): | | |
| City: | | State/Province: | City: | | State/Province: |
| Country: | | Zip/ Postal Code: | Country: | | Zip/ Postal Code: |

EDUCATION

| | | |
|----------------------------------|--|---------------------|
| Medical School (Required): | PSYCHIATRY RESIDENCY ENDORSEMENT | |
| University/School Name: | Please provide your residency training director's contact information to verify your psychiatric training. | |
| City: | State: | Country: |
| Director of Psychiatry Training: | Email Address: | |
| Degree: | Begin date: MM/YYYY | Completion: MM/YYYY |

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

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|--|-----|----|
| 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 held liable for civil or criminal sanctions by a regulatory or law enforcement body or by a professional society for illegal or unethical professional conduct? | Yes | No |

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

AGREEMENT

In consideration of my membership in the APA, the District Branch and/or the State Association, 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 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.

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

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

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