

# RESIDENT RECOGNITION AWARD

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Completed cover form must be submitted with each nomination. An incomplete form will delay review.

Nominee:

APA Member #:

Residency Program:

Program Year:

Nominated By:

## GENERAL PSYCHIATRY RESIDENT DIRECTOR ENDORSEMENT:

Training Director Name:

Training Director Signature:

### PLEASE COMPLETE THIS FORM AND RETURN ALONG WITH THE FOLLOWING BY MARCH 31:

- Letter of nomination detailing how the nominee exemplifies APA values
- Nominee's curriculum vitae

### MAIL TO:

Resident Recognition Award  
American Psychiatric Association  
1000 Wilson Blvd, Suite 1825  
Arlington, VA 22209