



APA Board of Trustees Nomination Form

A COMPLETED NOMINATION FORM AND REQUIRED ACCOMPANYING MATERIALS ARE DUE SEPTEMBER 1 FOR CONSIDERATION. ALL ITEMS MUST BE SUBMITTED AS ONE PDF PACKET TO election@psych.org.

It is recommended to save a copy of this nomination form to your personal computer before starting, to avoid the risk of losing data.

For details regarding the APA nomination, election and campaign process, position descriptions, and nomination requirements, visit the [APA Election website](#).

Please indicate which position of the APA's Board of Trustees you are seeking nomination for:

President-Elect

Secretary

Minority/Underrepresented Representative (M/UR) Trustee

Early Career Psychiatrist (ECP) Trustee-at-Large

Nominees must be in the first seven (7) years of their career after being eligible as a General Member.

Area Trustee

Currently seeking nominees for in Area I, Area IV or Area VII only.

Resident-Fellow Member Trustee-Elect (RFMTE)

Nominees must be in a resident training program and continue to be in a program or fellowship through the entire two-year term of this position.

SECTION I: NOMINEE CONTACT INFORMATION

Full name: _____

Degree(s): _____

Phone #: _____

Mobile #: _____

E-mail: _____

Preferred Mailing Address: _____

APA Member#: _____ APA Member Class: _____

Area: _____ District Branch/State Association: _____

SECTION II: CURRENT OR PREVIOUS APA COMPONENT EXPERIENCE

If additional space is needed, please provide in a separate document as a PDF attachment, not to exceed one page.

APA Component and Position: _____ Term: _____

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Are you currently a member of the APA Elections, Nominating or Tellers Committee? Yes No
If yes, you are not eligible for consideration of an elected Board position during your tenure as a member of the above listed Committees.

Do you currently hold a position on the Assembly Committee of Area RFM Representatives, APA/Diversity Leadership Fellowship, APA Public Psychiatry Fellowship, APA/Leadership Fellowship, or as an RFM Area Representative or Deputy Representative in the APA Assembly? Yes No
If yes, you are not eligible for consideration of an RFMTE elected Board position during your tenure as member of one of the above listed Committees.

SECTION III: OTHER ORGANIZATIONAL AFFILIATIONS (names of organization and your role)

If additional space is needed, please provide in a separate document as a PDF attachment, not to exceed one page.

Organization: _____	Your role: _____
Organization: _____	Your role: _____
Organization: _____	Your role: _____
Organization: _____	Your role: _____
Organization: _____	Your role: _____

SECTION IV: ADDITIONAL VOLUNTEER CONSIDERATIONS (optional)

If you are not selected as an APA Board of Trustees candidate, please indicate your interest in other volunteer opportunities from the below list.

APA Councils

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

APA Standing Committees

- . Bylaws Committee
- . Elections Committee
- . Ethics Committee
- . Finance and Budget Committee
- . Investment Oversight Committee
- . Audit Committee
- . Membership Committee
- . Tellers Committee

SECTION V: PERSONAL STATEMENT/STATEMENT OF INTENT

Please provide a personal statement/statement of intent (500-word max) in a separate document as a PDF. Please carefully proof-read your statement.

SECTION VI: BIOGRAPHICAL INFORMATION OR CURRICULUM VITAE (CV)

Please provide a bio-sketch (one-page max) **and** an abbreviated CV (three-page max) in a separate document as a PDF attachment.

SECTION VII: LETTER(S) OF RECOMMENDATION

Please provide a letter or letters of recommendations in a separate document as a PDF attachment

SECTION VIII: DISCLOSURE OF INTERESTS AND AFFILIATIONS

All nominees are required to complete an online disclosure of interest and affiliation, using Convey, to complete their nomination packet. You will receive a personal login upon request to election@psych.org. If you have previously completed an online disclosure for APA within the last 6 months, please return to your Convey account to provide any applicable updates.

SECTION IX: TIME COMMITMENT AGREEMENT

As a member of the Board of Trustees a great deal of travel and investment of time is required throughout your tenure on the Board – including conference calls, email communications, participation on ad-hoc committees and Board work groups and other assignments as needed, at the request of the President. The time commitment varies depending upon the position sought, and except for occasional personal circumstances that may arise, Board members are expected to attend and fully participate in all scheduled meetings of the Board of Trustees.

To allow you to better assess your willingness and ability to take on this responsibility, [click here](#) to view a sample list of meetings you are expected to attend based on your role. Other commitments may arise during any Board term, but this should give you a better idea of the general APA Board schedule.

Please check the below box to indicate your understanding of the associated time commitment for successful candidates for the Board of Trustees, as well as your review of the draft schedule of Board and other APA meetings. If you have any questions, regarding the Board schedule, please contact [Monique Morman](#), Director of Association Governance or [Chiharu Tobita](#), Associate Director, Governance Standing Committees.

Attestation Statement:

I confirm that I have reviewed the 2022-2023 Board of Trustees meeting schedule and understand the likely time and travel commitment expected of APA Board members.

SECTION X: ETHICS, INVESTIGATION, AND LITIGATION STATEMENT

It is critical to the stature of our national organization that candidates for national office be in a position to represent our organization and profession well at a national level. Eligibility for APA office includes a background check. Please respond to each question with a “yes” or “no” answer. If you answer “yes” to any of the below questions, please explain as fully and completely as possible in a separate document as a PDF attachment. *Nominated candidates may request a consultation with the nominations chair, CEO, president, or APA legal counsel about specific situations.*

- | | | |
|--|-----|----|
| 1. Have you ever been charged or convicted with any criminal offense? | Yes | No |
| 2. Have you ever been party to a civil case or had a civil claim asserted against you in your professional capacity? If applicable, please include any medical malpractice claims, harassment and/or discrimination claims made against you. | Yes | No |
| 3. Have you ever been investigated by any licensing board, hospital, healthcare institution, medical society, or domestic or foreign governmental entity or agency? | Yes | No |
| 4. To your knowledge, has any ethics complaint or similar professional disciplinary complaint ever been made against you? | Yes | No |
| 5. Have you ever held or applied for a license or certificate to practice medicine in any state, country, or province, that has been or was ever denied, revoked, or curtailed in any capacity? | Yes | No |
| 6. Have you ever withdrawn an application for medical licensure or surrendered a license to practice medicine or any other professional license? | Yes | No |
| 7. Are you aware of any open complaint, investigation, inquiry, or disciplinary charge against you in any forum? | Yes | No |
| 8. Are you aware of any statements, representations, or actions made or taken by you in a professional or personal capacity which, if publicly revealed while you are in a leadership position for APA, could reflect poorly upon the APA or the profession of psychiatry? | Yes | No |

By submitting this questionnaire, I

certify that the information provided on this questionnaire is true and correct. I understand that failure to provide accurate or complete information may result in my disqualification from the election process; and grant permission for APA to conduct a background check on me, including searching civil, criminal, practice, and electronic databases.

If during the nomination or campaign period, you are or become subject of any investigation into your conduct or litigation about your conduct (whether by state, Ethics Committee, employer or any other person or entity), you must immediately report it to the Chair of the APA Nominating Committee.

I have read and agree to the Terms and Conditions as set forth in Section X.

SECTION XI: RFMTE NOMINATION RELEASE FORM [FOR RFMTE CANDIDATES ONLY]

All RFMTE nominees are required to complete the RFMTE Nomination Release Form, available on the [APA Resident Leadership Opportunities website](#) and submit as an attachment with their completed nomination packet to election@psych.org.

SECTION XII: PROFESSIONAL HEADSHOT

Please provide a professional headshot with a neutral background (portrait orientation, hi-resolution 300 dpi, 1MB jpeg) for use in future APA publications only if you are selected as final candidate in the APA election. Candidates' professional headshots are used for the sole purpose of publicizing candidacy in the APA Psychiatric News (PsychNews) and the APA-sponsored campaign materials.

SECTION XIII: SUBMITTAL AND ACKNOWLEDGEMENT

I hereby declare that everything on, and attached to, this form is correct and accurate to the best of my knowledge.

Signature: _____ Date: _____

NOMINEE CHECKLIST FOR ACCOMPANYING MATERIALS

Along with the completed nomination form, have you submitted and/or completed the following required materials to accompany your nomination for consideration?

Provided a personal statement/statement of intent (500-word max).

Provided a bio-sketch (one-page max) **and** abbreviated CV (three-page max)?

Included Letter(s) of Recommendation?

Completed an online submission of your Conflicts of Interest and Affiliations (via Convey)?

Acknowledged the attestation statement, and agreed to the terms and conditions as set forth in Sections IX and X?

Completed an RFMTE Nomination Release Form in Section XI? (**FOR RFMTE NOMINEES ONLY**)

Provided a professional headshot? (hi-resolution 300 dpi, 1MB jpeg)

Completed, signed and dated the APA Nomination Form?

If you have checked all applicable items above, you are ready to submit your nomination form. Please ensure your nomination packet is submitted as **one** PDF packet.

SUBMIT YOUR COMPLETED NOMINATION FORM AND REQUIRED ACCOMPANYING MATERIALS BY **SEPTEMBER 1** AS **ONE** PDF PACKET TO election@psych.org.