

Resources for Your Career and Practice

100% Club for Residency Training Programs psychiatry.org/100club

The APA 100% Club was established to encourage residents throughout the United States and Canada to join the APA with fellow trainees in their program.

The 100% Club honors residency programs at the Platinum, Gold, Silver, and Bronze levels. Residency programs in the 100% Club receive benefits from APA.

SET For Success - Resident Supplemental Education & Training psychiatry.org/set

SET is an online experience designed to supplement and complement psychiatric training and education. SET provides Resident-Fellow Members (RFM) with online resources, through the APA Learning Center, to enhance their medical knowledge and practice of psychiatry.

SET takes into consideration the core competencies of psychiatry and focuses on the achievement of milestones in psychiatric training, including psychiatric practice, treatment and care, and special populations.

MindGames and APA's Annual Meeting psychiatry.org/annualmeeting

MindGames, APA's national residency team competition, is a fun way for residents to test their knowledge on patient care, medical knowledge, and psychiatric history while earning bragging rights for their program.

The top three teams are named finalists and attend the national finals competition, which occurs during the APA Annual Meeting, to which all Resident-Fellow Members receive discounted registration rates.

APA/APAF Fellowships psychiatry.org/fellowships

APA/APAF Fellowships provide psychiatry residents the experiential learning, training and professional development they need to be leaders in the field of psychiatry. Opportunities include working with Congress on health policy, conducting research of your design, expanding access to care to minority and underserved populations, focusing on child psychiatry or substance abuse, and much more.

Stay Connected

LinkedIn.com – search for
American Psychiatric Association

Twitter.com – follow @APAPsychiatric

Facebook.com/AmericanPsychiatricAssociation

Instagram.com - @apapsychiatric



National and Local Membership Dues

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

APA and its State District Branches have a dual membership requirement.

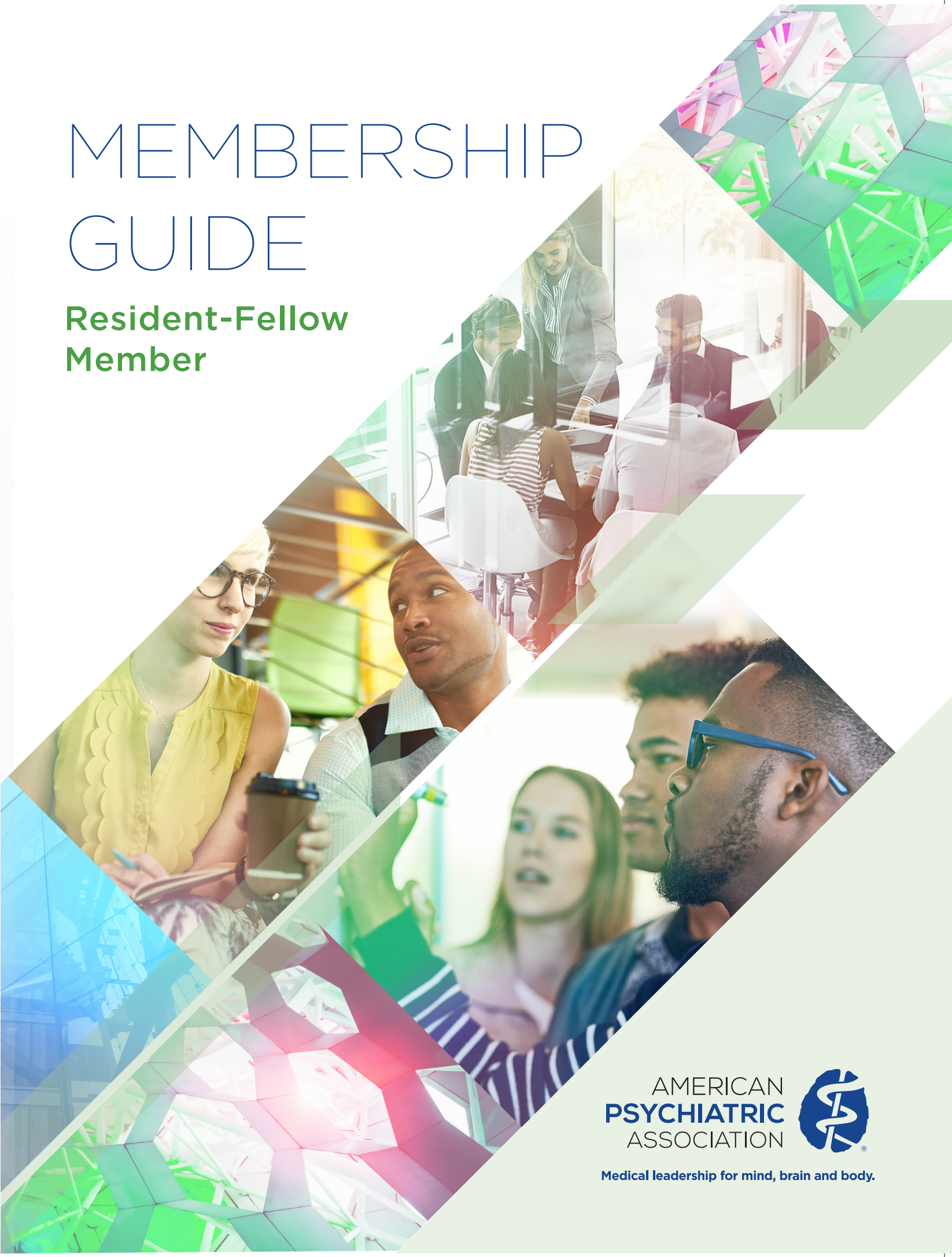
State-level dues help sponsor local meetings and conferences to support APA members. DB dues and tax reporting information vary by state, and some offer free or deeply discounted dues for residents and fellows.

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

The APA, DB, and, if applicable, SA membership year runs from **January 1 through December 31**.

MEMBERSHIP GUIDE

Resident-Fellow Member





The **LARGEST** psychiatric membership organization in the world

With more than **38,900** members

In over **100** countries

Advancing Psychiatry, Together



Journals & Publications

Receive free subscriptions to *The American Journal of Psychiatry* and *Psychiatric News*, free online subscriptions to *American Journal of Psychotherapy* and the *Residents’ Journal*, as well as discounted subscriptions to *Psychiatric Services* and *Focus: The Journal of Lifelong Learning in Psychiatry*. Plus, a 25% discount on more than 700 books, and special member pricing for other journals and subscriptions through APA Publishing.



e-Learning

Access the Supplemental Education and Training (SET) program, an online experience designed to help you build knowledge around the milestones to meet the requirements of the seven (ACGME) Core Competencies, and helps you successfully transition to practice by preparing you for the business side of medicine. Also utilize the on-demand CME, Members Course of the Month.



Live Learning

Save on registration to the APA Annual Meeting, the largest psychiatric meeting, and The Mental Health Services Conference (formerly IPS).



Networking & Career Development

Make meaningful connections with a global community of psychiatrists through leadership opportunities, national and local meetings and events, APA caucuses, and online communities.



Get Involved

Support APA’s mission and the psychiatric profession through the Congressional Advocacy Network, the APA PAC, and staying informed on the most pressing issues of the day.

Find the full list at psychiatry.org/join

**Member benefits are subject to change.*

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

MAILING ADDRESS

EDUCATION

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:

Fax Number
(Area code/number):

Cell/Mobile
(Area code/number):

Degree:

M.D.

D.O.

M.B.B.S.

Primary Email:

Secondary Email:

Are you active military?

Yes

No

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:

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:

Degree:

Begin date: MM/YYYY

Completion: MM/YYYY

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.)

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

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 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.

City:

State:

Begin Date: MM/YYYY

Country:

Date Completed or Expected: MM/YYYY

AGREEMENT

RESIDENT-FELLOW MEMBERSHIP DUES

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.

APA annual national membership dues are free for the first year, then \$111/US (\$69/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