

# APA Board of Trustees

## Nomination Form

A completed nomination form and required accompanying materials are due **September 1** (by 11:59 PM Eastern) for consideration. All items must be submitted as **one** .pdf packet to **[election@psych.org](mailto: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
- Treasurer
- Trustee-at-Large
- Early Career Psychiatrist (ECP) Trustee
- Area Trustee
- 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. 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](mailto:election@psych.org).*

*An elected RFMTE/RFMT may not simultaneously hold an APA/American Psychiatric Association Foundation (APAF) fellowship and/or hold a position on the Assembly Committee of Area RFM Representatives or as a RFM Area Representative or Deputy Representative.*

- By checking this box, I confirm I have read and understand the [Eligibility Requirements](#) for the position I am seeking nomination.

### SECTION I: NOMINEE CONTACT INFORMATION

Your contact information will be used for the purpose of facilitating the APA nomination and election process. It will **not** be shared with individuals or groups outside APA.

Name: \_\_\_\_\_  
(Full name with degree/s (e.g., John A. Smith, Jr., M.D. — This is how it will appear in all APA election-related communications):)

Phone #: \_\_\_\_\_ Mobile #: \_\_\_\_\_

E-mail: \_\_\_\_\_

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: \_\_\_\_\_

*NOTE: Elected Board members are expected to resign from all other APA elected or appointed positions, unless the position is ex-officio or if the Board grants an exception.*

## 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: \_\_\_\_\_

## SECTION IV: 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.

I confirm this has been attached to my application.

## SECTION V: BIOGRAPHICAL INFORMATION OR CURRICULUM VITAE (CV)

Applicants are required to submit a a three-page maximum abbreviated CV **and** a bio of about 300-400 words, with additional sections for awards & honors and education, listed as bullets (no word count for these additional sections). For reference, see [bios of current Board members](#).

**NOTE:** If selected as a candidate in the APA Election, your bio will be posted on the [APA Election Website](#). Please be sure to check for any typos or grammatical errors in your document. The APA Administration is not responsible for editing the content.

I confirm this has been attached to my application.



## SECTION VI: PROFESSIONAL HEADSHOT

All nomination applications must be accompanied by a professional headshot with a neutral background for the purpose of the APA election in all APA Communication Channels, including APA Website, and APA-managed campaign materials. Please submit a large image file in the following formats: .jpg, .png or .tif. The file size should be at least 500kb. Your photo will be cropped in a square format to feature your face above your shoulders. Please submit professional image with sufficient space.

I confirm this has been attached to my application.

## SECTION VII: LETTER(S) OF RECOMMENDATION

A maximum of (5) letters of recommendations must accompany the nomination application.

I confirm this has been attached to my application.

## 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](mailto:election@psych.org). If you have previously completed an online disclosure for APA within in the last 6 months, please return to your Convey account to provide any applicable updates. All online entries and updates must be made and submitted by September 1 at 11:59 PM Eastern.

I understand I will need to complete this form by deadline date.

## 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, [visit the APA Election Website](#) 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 [Jessica Andrade](#), Director of Association Governance.

### ATTESTATION STATEMENT:

I confirm that I have reviewed the 2024-2025 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

Provide your **Medical License Number:** \_\_\_\_\_.

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, I am or become subject of any investigation into your conduct or litigation about my conduct (whether by state, Ethics Committee, employer or any other person or entity), I understand that I 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: APA-MANAGED CAMPAIGN ACTIVITIES

### ATTESTATION STATEMENT:

- I confirm that I have reviewed the [approved APA-managed Campaign Activities](#) and the [APA Election Guidelines](#) and understand that if any candidate (including myself) engages in election activity inconsistent with the [APA Election Guidelines](#), the Elections Committee is authorized to take appropriate action to address the violation, including (but not limited to) addressing the violation with the candidate, requiring the candidate to withdraw with Board approval, or any other appropriate action(s) as determined by the Elections Committee.

## 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)?
- Provided a professional headshot? (hi-resolution 300 dpi, 1MB jpeg)
- 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, X and XI?
- Included your medical license number as part of the background check?
- FOR RFMTE NOMINEES ONLY: Completed an RFMTE Nomination Release Form?
- 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 (11:59 PM EASTERN) AS ONE PDF PACKET TO [election@psych.org](mailto:election@psych.org).**

