

APA International 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:
1-202-403-3673
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

(Country Code/City Code/Phone):

Home Phone

(Country Code/City Code/Phone):

Gender:

Fax Number

(Country Code/City Code/Phone):

Cell/Mobile

(Country Code/City Code/Phone):

Degree:

☐ M.D. ☐ D.O. ☐ M.B.B.S.

Primary Email:

Secondary Email:

MAILING ADDRESS

PRIMARY MAILING ADDRESS

Home

Office

Street Address:

Name:

Street Address (Line 2):

Location:

City:

State/Province:

Name:

Country:

District/

Postal Code:

Location:

EDUCATION

Medical School (Required):

PSYCHIATRIC TRAINING ENDORSEMENT

University/School Name:

Please provide a letter of endorsement (in English or a Certified Translation) from your training program director (or equivalent) to verify your status as a psychiatric trainee. (Please select from below):

City:

State:

Country:

☐ Letter attached

Degree:

Begin date: MM/YYYY

Completion: MM/YYYY

☐ Letter emailed to intlmb@psych.org

PSYCHIATRIC TRAINING

(and other medical specialty training including fellowship programs; list the most recent training first and include copies of training certificates.)

Training Program/School:

ETHICS

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 AGREEMENT

City:

State:

Begin Date: MM/YYYY

By renewing my APA membership, I am attesting that I either am not aware of any action or investigation 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.

Country:

Date Completed or Expected: MM/YYYY

AGREEMENT

In consideration of my membership in the APA, 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 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

MEMBERSHIP DUES

APA International Membership is annual from January 1 through December 31. International membership dues are payable in USD and are not prorated.

Please see World Bank country list (on the back) to determine your country of residence income group category.

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/YYYYSecurity Code:

SignatureDate: MM/DD/YYYY

APA International Resident-Fellow Membership Dues

APA International Membership is annual from January 1 through December 31.

Income Category Group	Annual Dues Rate
High Income (HI)	USD \$43.00
Upper Middle Income (UMI)	USD \$37.00
Lower Middle Income (LMI)	USD \$27.00
Low Income (LI)	USD \$11.00

COUNTRY LIST & Income Category Group (defined by World Bank as of 2024)

AFGHANISTAN	LI	CONGO, DEM. REP.	LI	HUNGARY	HI	MOLDOVA	UMI	SLOVAK REPUBLIC	HI
ALBANIA	UMI	CONGO, REP.	LMI	ICELAND	HI	MONACO	HI	SLOVENIA	HI
ALGERIA	UMI	COSTA RICA	UMI	INDIA	LMI	MONGOLIA	UMI	SOLOMON ISLANDS	LMI
AMERICAN SAMOA	HI	CÔTE D'IVOIRE	LMI	INDONESIA	UMI	MONTENEGRO	UMI	SOMALIA	LI
ANDORRA	HI	CROATIA	HI	IRAN, ISLAMIC REP.*	LMI	MOROCCO	LMI	SOUTH AFRICA	UMI
ANGOLA	LMI	CUBA*	UMI	IRAQ	UMI	MOZAMBIQUE	LI	SOUTH SUDAN	LI
ANTIGUA & BARBUDA	HI	CURACAO	HI	IRELAND	HI	MYANMAR	LMI	SPAIN	HI
ARGENTINA	UMI	CYPRUS	HI	ISLE OF MAN	HI	NAMIBIA	UMI	SRI LANKA	LMI
ARMENIA	UMI	CZECH REPUBLIC	HI	ISRAEL	HI	NAURU	UMI	ST. KITS & NEVIS	HI
ARUBA	HI	DENMARK	HI	ITALY	HI	NEPAL	LI	ST. LUCIA	UMI
AUSTRALIA	HI	DJIBOUTI	LMI	JAMAICA	UMI	NETHERLANDS	HI	ST. MARTIN (FRENCH PART)	HI
AUSTRIA	HI	DOMINICA	UMI	JAPAN	HI	NEW CALEDONIA	HI	ST. VINCENT & THE GRENADINES	UMI
AZERBAIJAN	UMI	DOMINICAN REPUBLIC	UMI	JORDAN	LMI	NEW ZEALAND	HI	SUDAN	LMI
BAHAMAS, THE	HI	ECUADOR	UMI	KAZAKHSTAN	UMI	NICARAGUA	LMI	SURINAME	UMI
BAHRAIN	HI	EGYPT, ARAB REP.	LMI	KENYA	LMI	NIGER	LI	SWEDEN	HI
BANGLADESH	LMI	EL SALVADOR	UMI	KIRIBATI	LMI	NIGERIA	LI	SWITZERLAND	HI
BARBADOS	HI	EQUATORIAL GUINEA	UMI	KOREA, DEM PEOPLE'S REP.*	LI	NORTH MACEDONIA	UMI	SYRIAN ARAB REPUBLIC*	LI
BELARUS	UMI	ERITREA	LI	KOREA, REP.	HI	NORTHERN MARIANA ISLANDS	HI	TAIWAN, CHINA	HI
BELGIUM	HI	ESTONIA	HI	KOSOVO	UMI	NORWAY	HI	TAJIKISTAN	LMI
BELIZE	UMI	ESWATINI	LMI	KUWAIT	HI	OMAN	HI	TANZANIA	LI
BENIN	LI	ETHIOPIA	LI	KYRGYZ REPUBLIC	LMI	PAKISTAN	LMI	THAILAND	UMI
BERMUDA	HI	FAEROE ISLANDS	HI	LAO PDR	LMI	PALAU	UMI	TIMOR-LESTE	LMI
BHUTAN	LMI	FUJI	UMI	LATVIA	HI	PANAMA	HI	TOGO	LI
BOLIVIA	LMI	FINLAND	HI	LEBANON	LMI	PAPUA NEW GUINEA	LMI	TONGA	UMI
BOSNIA & HERZEGOVINA	UMI	FRANCE	HI	LESOTHO	LMI	PARAGUAY	UMI	TRINIDAD & TOBAGO	HI
BOTSWANA	UMI	FRENCH POLYNESIA	HI	LIBERIA	LI	PERU	UMI	TUNISIA	LMI
BRAZIL	UMI	GABON	UMI	LIBYA	UMI	PHILIPPINES	LMI	TURKEY	UMI
BRITISH VIRGIN ISLANDS	HI	GAMBIA, THE	LI	LIECHTENSTEIN	HI	POLAND	HI	TURKMENISTAN	UMI
BRUNEI DARUSSALAM	HI	GEORGIA	UMI	LITHUANIA	HI	PORTUGAL	HI	TURKS & CAICOS ISLANDS	HI
BULGARIA	UMI	GERMANY	HI	LUXEMBOURG	HI	QATAR	HI	TUVALU	UMI
BURKINA FASO	LI	GHANA	LMI	MACAO SAR, CHINA	HI	ROMANIA	HI	UGANDA	LI
BURUNDI	LI	GIBRALTAR	HI	MACEDONIA, FYR	UMI	RUSSIAN FEDERATION	UMI	UKRAINE*	LMI
CABO VERDE	LMI	GREECE	HI	MADAGASCAR	LI	RWANDA	LI	UNITED ARAB EMIRATES	HI
CAMBODIA	LMI	GREENLAND	HI	MALAWI	LI	SAMOA	HI	UNITED KINGDOM	HI
CAMEROON	LMI	GRENADA	UMI	MALAYSIA	UMI	SAN MARINO	HI	URUGUAY	HI
CAYMAN ISLANDS	HI	GUAM	HI	MALDIVES	UMI	SÃO TOMÉ AND PRÍNCIPE	LMI	UZBEKISTAN	LMI
CENTRAL AFRICAN REPUBLIC	LI	GUATEMALA	UMI	MALI	LI	SAUDI ARABIA	HI	VANUATU	LMI
CHAD	LI	GUINEA	LMI	MALTA	HI	SENEGAL	LMI	VENEZUELA, RB	UMI
CHANNEL ISLANDS	HI	GUINEA-BISAU	LI	MARSHALL ISLANDS	UMI	SERBIA	UMI	VIETNAM	LMI
CHILE	HI	GUYANA	HI	MAURITANIA	LMI	SEYCHELLES	HI	WEST BANK & GAZA	UMI
CHINA	UMI	HAITI	LMI	MAURITIUS	UMI	SIERRA LEONE	LI	YEMEN, REP.	LI
COLOMBIA	UMI	HONDURAS	LMI	MEXICO	UMI	SINGAPORE	HI	ZAMBIA	LMI
COMOROS	LMI	HONG KONG SAR, CHINA	HI	MICRONESIA, FED. STS.	LMI	SINT MAARTEN (DUTCH PART)	HI	ZIMBABWE	LMI

*Individuals from countries against which the United States Treasury Office of Foreign Assets Control has issued comprehensive sanctions (including Cuba, Iran, North Korea, Syria and the Crimea Region of Ukraine) are eligible to receive information and informational materials only, as allowed by the exemptions within the relevant OFAC sanctions programs. For questions, please contact membership@psych.org.