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GUIDELINES / APPLICATION FORM

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# APA Fellowship



**American Psychiatric Association**

Membership Department MS#5 1808  
1000 Wilson Blvd., Suite 1825  
Arlington, VA 22209-3901

www.psych.org  
Email: [apa@psych.org](mailto:apa@psych.org)  
Fax: 703-907-1085

# APPLICATION FOR FELLOWSHIP

**DEADLINE FOR SUBMISSION OF COMPLETED APPLICATION  
AND LETTERS OF RECOMMENDATION - SEPTEMBER 1ST**

## **ELIGIBILITY CRITERIA:**

- General Membership for at least five consecutive years
- Certification by the American Board of Psychiatry and Neurology, the Royal College of Physicians and Surgeons of Canada, or the American Osteopathic Association
- Two letters of recommendation from current Fellows, Distinguished Fellows, Life Fellows, or Distinguished Life Fellows
- 30-day review period for the district branch to offer comments about the Fellowship candidate
- Approval by the APA Membership Committee
- Approval by the APA Board of Trustees

## **APPLICATIONS AND LETTERS OF RECOMMENDATION MUST BE SUBMITTED BY SEPTEMBER 1ST TO:**

American Psychiatric Association  
Membership Department  
1000 Wilson Boulevard, Suite 1825  
Arlington, VA 22209-3901

Applications and letters may also be submitted via fax at 703.907.1085 or through email at [membership@psych.org](mailto:membership@psych.org).

To verify whether or not a colleague is a Fellow, Distinguished Fellow, Life Fellow or Distinguished Life Fellow, visit the Online Membership Directory at APA's website. Go to the website, [www.psych.org](http://www.psych.org), and log in to the Members Corner (upper left-hand corner). You will need to enter your membership ID number and password in order to register your username (call the Answer Center at 1.888.35.PSYCH if you don't know your membership number). Click on the APA Membership Directory.

Applications will be sent to the Fellowship candidate's district branch for review. District Branches may submit comments to the APA Membership Committee within a 30-day time period (optional). The APA Membership Committee will review the applications during their Fall meeting and final approval will be made by the APA Board of Trustees at their December meeting. All Fellowship applicants will be notified of their status in January.

Call 1.888.35.PSYCH if you have any questions.



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APA USE ONLY

DB \_\_\_\_\_ BD CERT \_\_\_\_\_ YRS GM \_\_\_\_\_

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AND LETTERS OF RECOMMENDATION - SEPTEMBER 1ST**

## BIOGRAPHICAL INFORMATION

\_\_\_\_\_. \_\_\_\_\_ . \_\_\_\_\_ . \_\_\_\_\_  
LAST NAME FIRST NAME MI SUFFIX

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
CITY, STATE/PROVINCE, ZIP/POSTAL CODE

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_. \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_. \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
OFFICE TELEPHONE (WITH AREA CODE) HOME TELEPHONE (WITH AREA CODE) OFFICE FAX (WITH AREA CODE)

\_\_\_\_\_  
E-MAIL ADDRESS

\_\_\_\_\_. \_\_\_\_\_  
DISTRICT BRANCH NAME APA ID#

## BOARD CERTIFICATION(S) - (ABPN, RCPS(C), AOA)

\_\_\_\_\_. \_\_\_\_\_  
NAME OF BOARD & SPECIALTY DATE RECEIVED & VALID THROUGH

\_\_\_\_\_. \_\_\_\_\_  
NAME OF BOARD & SPECIALTY DATE RECEIVED & VALID THROUGH

## ETHICS

1. Has your license to practice medicine ever been revoked or suspended? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Are you currently charged with illegal or unethical professional conduct by a regulatory or law enforcement agency or by a professional society? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Have you ever been found guilty of illegal or unethical professional conduct by a regulatory or law enforcement agency or by a professional society? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes to any of the three preceding questions, please furnish details in a confidential communication to the APA Membership Committee Chair and attach details to this application. Inquiry will be made with the District Branch for relative information, including pending ethics complaints.

## REFERENCES

List 2 Fellows, Distinguished Fellows, Life Fellows or Distinguished Life Fellows whom you have asked to support your application (go to the Online Membership Directory in the Members Corner to verify member status of APA colleagues: www.psych.org). The individuals listed below should submit confidential typewritten letters of recommendation directly to the APA, Membership Department, 1000 Wilson Boulevard, Suite 1825, Arlington VA, 22209-3901 by September 1st. Letters may also be faxed to 703.907.1085 or emailed to apa@psych.org.

1. \_\_\_\_\_
2. \_\_\_\_\_

## AGREEMENT

I will hold APA, its District Branches, members, officers, employees and agents free from all damage and complaint by reason of action taken on this Fellowship application or by reason of any subsequent action on membership, including the sharing between APA and District Branches of information about my professional conduct.

\_\_\_\_\_. \_\_\_\_\_  
SIGNATURE DATE