



WELCOME!

To the American Psychiatric Association and your Local District Branch/State Society

THANK YOU! -- for your interest in joining the American Psychiatric Association and your local psychiatric society. With this membership application, you are taking the first step toward enriching your professional life and establishing a professional home for a lifetime of service to your patients.

Here are highlights of just some of the benefits you will receive as an APA member:

Unparalleled Opportunities for Lifelong Learning

Spring and Fall clinical meetings, online CME, much more.

- ◆ The APA Annual Meetings (May 17-22, 2003 in San Francisco, May 1-6, 2004 in New York, NY). **Join before the meetings and you'll save up to \$470 off** non-member registration rates!
- ◆ Free subscriptions to *The American Journal of Psychiatry*, *Psychiatric Services**, *Psychiatric News*, APA Advocacy News and APA Member Update (*Available upon request)
- ◆ *FOCUS: The Journal of Lifelong Learning in Psychiatry*, a new quarterly review and self assessment journal that's discounted for members
- ◆ Books, journals, reports and monographs – over 700 titles to help you keep your clinical edge, at a 10% discount to members from American Psychiatric Publishing, Inc.



Strong Advocacy

APA – a respected voice for patients and the profession at the state and federal level—will work aggressively on behalf of you and your patients to educate policymakers, purchasers, the media and general public about the reality of mental illness and the effectiveness of treatment.

Essential Practice Tools

Including Practice Guidelines, a Managed Care Help Line, assistance with managed care companies and the Medicare system, and our CPT Coding Service.

Additional information on the benefits you'll receive as an APA member are listed on the reverse side of this Application Form.

MEMBERSHIP APPLICATION

How to Apply for APA Membership

To ensure prompt processing of your membership application, be sure you:

- 1 Sign and date the membership application.
- 2 Attach two photocopies of necessary documentation listed in Section 7.
- 3 Mail **all materials** to APA.
- 4 **Do NOT** send payment for membership dues with this application. You will be billed following enrollment.

Please complete and return **BOTH** copies of this application, along with the required documentation, to:

American Psychiatric Association
Membership Department MS#5 1808
1000 Wilson Boulevard, Suite 1825
Arlington, VA 22209-3901
www.psych.org
E-mail: apa@psych.org
Fax: 703-907-1085



Questions? Call 888-35-PSYCH or 703-907-7300

d. Training

Does the preceding training information reflect recognized completion of residency training in psychiatry approved by the Residency Review Committee for Psychiatry of the Accreditation Council for Graduate Medical Education, the Royal College of Physicians and Surgeons of Canada or the American Osteopathic Association?

Yes No

If YES, how many full years of psychiatry residency training have you had? _____

Does the preceding training information reflect recognized completion of residency training in a field other than psychiatry?

Yes No

If YES, what specialty? _____

Does the preceding training information reflect recognized completion of psychoanalytic training? Yes No

e. Board Certification

- American Board of Psychiatry and Neurology — General Adult Psychiatry DATE
M M | Y Y
- American Board of Psychiatry and Neurology — Child and Adolescent Psychiatry M M | Y Y
- American Board of Psychiatry and Neurology — added qualifications in Forensics M M | Y Y
- American Board of Psychiatry and Neurology — added qualifications in Geriatrics M M | Y Y
- American Board of Psychiatry and Neurology — added qualifications in Addictions M M | Y Y
- American Board of Psychiatry and Neurology — Neurology M M | Y Y
- American Board of Forensic Psychiatry M M | Y Y
- Royal College of Physicians and Surgeons of Canada — General Adult Psychiatry M M | Y Y
- American Osteopathic Board of Neurology and Psychiatry — General Psychiatry M M | Y Y
- American Psychoanalytic Association Board of Professional Standards — Psychoanalysis M M | Y Y
- American Psychiatric Association Psychiatric Administration and Management M M | Y Y
- Other _____ M M | Y Y

4. PROFESSIONAL SERVICE

Current hospital or clinical staff appointments (specify location and years)

Private practice of psychiatry (specify location and years)

Federal Service: Armed Forces/NHSC

Branch	Rank	Dates of Service
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5. ETHICS

Has your license to practice medicine ever been revoked or suspended?

Yes No

Are you currently charged with illegal or unethical professional conduct by a regulatory or law enforcement agency or by a professional society?

Yes No

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.

6. REFERENCES

Please list the name, address and phone number of one APA General Member or Fellow (in addition to one alternate name of an APA General Member or Fellow) from whom information can be obtained regarding your professional standing and character. While only one reference is required for your membership approval process, submitting an alternate contact person is voluntary and would help avoid unnecessary delays in your application process. (Contact the APA Answer Center if assistance is necessary locating a doctor.)

NAME _____ TELEPHONE _____

ADDRESS _____

ALTERNATE NAME _____ TELEPHONE _____

ADDRESS _____

7. DOCUMENTATION

Please check all that apply. (To avoid unnecessary delay, be sure to submit appropriate documentation.)

- License Enclosed.** Two photocopies of my current, valid medical license are enclosed with my membership application.
- E.C.F.M.G. Certificate Enclosed.** I am a graduate from an international medical school. Two photocopies of my certificate are enclosed with my membership application.
- Residency Training Completion Certificate Enclosed.** Two photocopies of my residency training completion certificate are enclosed with my membership application.
- Not Required.** I am a resident, or a physician in an academic, research or governmental position not requiring a license.

8. AGREEMENT

I agree to abide by the By-Laws of APA and its District Branches and State Societies. I understand that the organization will review my references and make inquiries about me and that I am not entitled to, and will not ask for, a disclosure of these replies. I will hold APA, its District Branches/State Societies, members, officers, employees and agents free from all damage and complaint by reason of action taken on this application or by reason of any subsequent action on membership, including the sharing between the APA Office of Membership and District Branches/State Societies of information about my professional conduct. I pledge myself to standards of ethical practice and conduct as specified in the By-Laws of APA and in the Principles of Medical Ethics With Annotations Especially Applicable to Psychiatry. I certify that the above information is accurate, and I understand that inaccurate information can invalidate my application. My signature means that I agree to the conditions above and on the reverse of this application.

SIGNATURE _____ DATE _____

DISTRICT BRANCH OFFICE USE ONLY

DB _____ Date Rcvd. _____ Licensure requirement met? Yes No

Authorized DB Signature _____

Benefits To Make Your Life and Practice Easier

ALL MEMBERS

- Strong advocacy at the state and federal levels on mental health issues
- Free subscriptions to *The American Journal of Psychiatry*, *Psychiatric Services** and *Psychiatric News*
- Discounts on continuing medical education opportunities
- Two electronic newsletters – *APA Member Update*, *APA Advocacy News*
- 10% discounts on all APPI journals and books – more than 700 titles
- Indispensable practice tools – Managed Care Help Line, Assistance with Medicare Processing, CPT Coding Services, Practice Guidelines
- APA Job Bank – the most effective psychiatric job placement service available
- Other exciting benefits such as the *new* MBNA credit card now with air miles, Capital for Knowledge Education Loans and more

(*Available upon request)

YOU'LL ALSO RECEIVE

Early Career Psychiatrists and General Members

- *Practice Management Handbook for Early Career Psychiatrists*
- Mentoring networks, career development sessions at the Annual Meeting
- Graduated dues schedule

Members in Training

- Fellowships, scholarships, travel awards and other research and funding opportunities
- Special listservs and newsletters focusing on your concerns
- Deep discounts on Annual Meeting registration
- Leadership opportunities within APA
- Special Annual Meeting APPI discounts

International Psychiatrists and Medical Students: Please contact the APA Membership Department listed below for an application form specific to your category.

APA: The Support You Need Throughout Your Career

The American Psychiatric Association/District Branch/State Society membership year runs from January 1 through December 31. Members enrolled in or after February are invoiced at a pro-rated amount for APA membership dues. APA membership is continuous on an annual basis, unless written notification is received from the member or the membership is terminated for non-payment of membership dues or failure to meet the APA-District Branch/State Society joint membership requirement. As a 501(c)(6) organization, the **national** dues are **not** deductible as a charitable contribution for federal income tax purposes. However, they may be deductible as ordinary and necessary business expenses. The basic subscription for each periodical listed below is included in the dues in the amount shown and is not deductible therefrom. Individual subscriptions may not be purchased at these prices: *The American Journal of Psychiatry* (12x/yr.) \$50 and *Psychiatric News* (24x/yr.) \$25. (Subscription rates are subject to change.) District Branch/State Society dues are fixed by each individual branch. APA National dues are waived for the first year for new resident members.

Enrollment is effective the first of the month following receipt in the APA Membership Department of your District Branch/State Society approved application. Membership in APA and the District Branch/State Society is simultaneous; you must be a member of both to be a member of either.

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