



Become a Fellow

of the

American Psychiatric Association

Are you ready to take the next step in your professional career?

■ ■ Why become an APA Fellow?

Being a Fellow is an honorary designation created in March 2002, by the APA's Membership Committee and Board of Trustees, to recognize early career members who have demonstrated allegiance to their profession and commitment to the on-going work of the Association.

Members who pursue Fellow status perceive it as one of the first steps to enhancement of their professional credentials.

- » Fellows are recognized by their colleagues in the Association as a member of a very select group, inasmuch as members are identified by their member class at all APA functions.
- » Fellows are permitted the use of the FAPA designation on all of their professional documentation.
- » All newly appointed Fellows are publicly recognized at the Convocation of Fellows and Distinguished Fellows, which is held every year during the APA's Annual Meeting.
- » Fellows receive a lapel pin as a symbol of their status and an embossed Fellow certificate to display with pride in their office.
- » Annual dues rates for General Members and Fellows are the same.

Fellow applications require review and comment from the member's district branch and approval by the APA Membership Committee and Board of Trustees.

■ ■ What are the guidelines and criteria for eligibility?

- » General Membership for at least five 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

FELLOW STATUS IS AN HONOR THAT REFLECTS YOUR DEDICATION TO THE WORK OF THE APA AND SIGNIFIES YOUR ALLEGIANCE TO THE PSYCHIATRIC PROFESSION.



- » Approval by the APA Membership Committee
- » Approval by the APA Board of Trustees

To verify whether or not a colleague is a Fellow, Distinguished Fellow, Life Fellow, or Distinguished Life Fellow, visit the Online Membership Directory at www.psych.org and login to the Members Corner (*upper right-hand corner*). Enter your membership ID number and password in order to register your user name. Click on the APA Membership Directory.

If you have questions or don't know your membership number, call the Answer Center at 1-888-35-PSYCH.

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 shortly thereafter.

■ ■ How do I apply?

If you meet all of the requirements, complete the enclosed Fellowship application or go online at www.psych.org to download an application.

Two colleagues who are also Fellows, Distinguished Fellows, Life Fellows or Distinguished Life Fellows must write letters in support of your elevation to Fellow status.

Your application and recommendation letters must be submitted to the American Psychiatric Association on or before **September 1st**.

APA USE ONLY:

DB _____ BD CERT _____ YRS GM _____

APA Fellowship Application

DEADLINE: September 1st for completed application & letters of recommendation.

Biographical Information

LAST NAME _____

FIRST NAME _____ MI _____ SUFFIX _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP/POSTAL CODE _____

OFFICE PHONE (WITH AREA CODE) _____ OFFICE FAX (WITH AREA CODE) _____

HOME PHONE (WITH AREA CODE) _____

EMAIL ADDRESS _____

DISTRICT BRANCH NAME _____ APA ID NUMBER _____

Board Certifications (ABPN, RCPS (C), AOA)

NAME OF BOARD & SPECIALTY _____

DATE RECEIVED _____ VALID THROUGH _____

NAME OF BOARD & SPECIALTY _____

DATE RECEIVED _____ VALID THROUGH _____

References

List 2 Fellows, Distinguished Fellows, Life Fellows or Distinguished Life Fellows 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 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 membership@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.

By checking "I Agree" and signing my name below, I certify that the above information is accurate, and I understand that inaccurate information can invalidate my application.

 I Agree

SIGNATURE _____

DATE _____

EMAIL: membership@psych.org

FAX: (703) 907-1085

US MAIL: American Psychiatric Assn.
Membership Department
1000 Wilson Blvd., Ste. 1825
Arlington, VA 22209-3901

Please answer the following questions regarding ethics.

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

If you answered yes to any of the three preceding questions, please provide 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.



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

www.psych.orgEmail: apa@psych.org

Fax: (703) 907-1085

Fellow Guidelines and Application can also be obtained at www.psych.org/resources/membership.aspx.

For questions, please call your membership coordinator at (888) 357-7924.