



# BECOME A FELLOW OF THE APA

## Are You Ready to Take the Next Step in Your Psychiatric Career?

### Earn the FAPA Designation

#### ► Why Become an APA Fellow?

- Fellow status is an honor that reflects your dedication to the field of psychiatry and signifies your allegiance to the profession.
- You are recognized by your colleagues in the Association as a member of a very select group.
- All newly appointed Fellows are publicly recognized at the Convocation of Distinguished Fellows, held every year during APA's Annual Meeting.
- You receive a lapel pin in recognition of your status.
- Annual dues rates for General Members and Fellows are the same.

#### ► What are the Eligibility Requirements?

- Must be a current APA General Member or Life Member in good standing.
- Certification by the American Board of Psychiatry and Neurology, the Royal College of Physicians and Surgeons of Canada, or the American Osteopathic Association.
- 30-day review period for the district branch to offer comments about the Fellowship candidate.
- Approval by the APA Membership Committee in October.
- Approval by the APA Board of Trustees in December.

#### ► How Do I Apply?

If you meet all the requirements, complete the **Fellowship application** on the reverse side.

**All applications must be submitted to the American Psychiatric Association by September 1<sup>st</sup>.**

# APA Fellowship Application

## ▶ **Deadline:**

Submit your completed application to the APA by **September 1<sup>st</sup>**.

## **THREE WAYS TO SUBMIT:**

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

**Mail:** American Psychiatric Association  
Membership Department  
1000 Wilson Blvd., Suite 1825  
Arlington, VA 22209-3901

## Biographical Information

Last Name:	First Name:	MI:
Suffix:	Degree(s) (e.g., M.D., D.O.):	
Mailing Address:		
City:	State:	Zip Code:
Office Phone (with Area Code):	Home Phone (with Area Code):	
Email Address:		
District Branch Name:	APA ID#:	

## Board Certification(s) (ABPN, RCPS(C), AOA)

Name of Board and Specialty:	
Date Certified:	Valid through:
Name of Board and Specialty:	
Date Certified:	Valid through:

## Ethics

Please answer the following questions regarding ethics.

■ Has your license to practice medicine ever been revoked or suspended?	<input type="checkbox"/> Yes <input type="checkbox"/> No
■ Are you currently charged with illegal or unethical professional conduct by a regulatory or law enforcement agency or by a professional society?	<input type="checkbox"/> Yes <input type="checkbox"/> No
■ Have you ever been held liable for civil or criminal sanctions by a regulatory or law enforcement body or by a professional society for illegal or unethical professional conduct?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you have answered "Yes" to any of the 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.

## Agreement

I will hold APA 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 signing my name below, I certify that the above information is accurate, and I understand that inaccurate information can invalidate my application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Questions?

Contact APA Membership  
Department at 888-357-7924 or  
[membership@psych.org](mailto:membership@psych.org)