

APA USE ONLY:

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# APA Fellowship Application

**DEADLINE: September 1st for completed application to be submitted to the APA**

## 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 \_\_\_\_\_

## 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

Fellow Guidelines and Application can also be obtained at [www.psychiatry.org](http://www.psychiatry.org).  
For questions, please call the APA Membership Department at (888) 357-7924.

EMAIL: [membership@psych.org](mailto: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 Has your license to practice medicine ever been revoked or suspended?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  
1000 Wilson Blvd., Suite 1825  
Arlington, VA 22209-3901

[www.psychiatry.org](http://www.psychiatry.org)  
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