

GUIDELINES FOR ELECTION TO DISTINGUISHED FELLOWSHIP

All nominations for the honor of Distinguished Fellowship are reviewed by the APA Membership Committee, which then submits its recommendations to the Board of Trustees for final approval. Nominations for Distinguished Fellowship are primarily the responsibility of the District Branches. The procedures are as follows:

1. The APA Membership Department annually sends to each District Branch a list of its members who have been APA General Members or Fellows for a combination of at least eight years and have board certification. The branch should check the list carefully and verify years of General Membership or Fellowship for any prospective nominee.
2. The District Branch nominates from the list and asks only those members meeting the following requirements to complete the Distinguished Fellowship nomination form:
 - a) Not less than eight consecutive years as a General Member or Fellow of APA. (Exceptions to the requirement that the years be consecutive may be considered by the Committee under unusual circumstances).
 - b) Certification by the American Board of Psychiatry and Neurology, the Royal College of Physicians and Surgeons of Canada, the American Osteopathic Association or equivalent certifying board. (Board Certification became a core and necessary requirement effective January, 2013. A waiver may be granted under extraordinary circumstances.)
 - c) The District Branch should not resubmit the names of members who were nominated but not approved the preceding year. The purpose of this requirement is to allow time for members being re-nominated to improve their qualifications in areas where previously they did not show adequate strength. While a waiver of the two-year requirement is possible, there must be compelling reasons adequately documented by the branch.
 - c) The General Member or Fellow should be an outstanding psychiatrist who has made significant contributions in at least five of the areas listed below. **Excellence**, not mere competence, is the hallmark of a Distinguished Fellow.

(1) Certification by the American Board of Psychiatry and Neurology, the Royal College of Physicians and Surgeons of Canada, the American Osteopathic Association or equivalent certifying board. Once Distinguished Fellowship status is attained, maintenance of certification is encouraged but not required. If certified by another Board, details of the certification standards and process should be submitted so that the Committee might evaluate the equivalence of that certification. Additional credit in this category may be earned through certification by other medical boards, sub-specialty boards, or psychoanalysis, or for a Ph.D. or Masters degree in a related field. Training without certification warrants no additional credit. Board certification in general psychiatry is worth four points if the Board is current. Re-certification is worth one point and if the Boards are expired, no points will be awarded for this category.

(2) Involvement in the work of the district branch, chapter, and state association activities.

Since Distinguished Fellowship is an APA honor, participation in this category and/or category 3 is extremely important. Length and quality of service, as documented by the supporting letters, are taken into consideration. No credit is given for membership alone in the APA or district branch. Elected offices, committee work as a chair or member, newsletter work, website design/maintenance for the DB, political action committee oversight, or special

projects at the district branch/chapter level are examples of activities earning credit in this category. Presentations at local meetings are usually considered under teaching activities.

(3) Involvement in other components and activities of APA.

Involvement in the work of Area Councils, the Assembly or Board of Trustees counts toward credit here, as does holding elected office or a salaried APA position. Other examples of activities earning credit in this category are work on APA Councils, Committees, or Task Forces and service on the editorial boards of APA publications. Presentations at APA meetings are usually considered under teaching activities.

(4) Involvement in other medical and professional organizations.

Activities in such organizations as the World Health Organization (WHO), World Psychiatric Association (WPA), American Medical Association (AMA), state and county medical societies and associations representing other medical specialties (e.g., pediatrics or neurology), or related professions (e.g., psychology, anthropology, sociology) are included in this group. Again, no credit is given for membership alone. Length and quality of service as documented by supporting letters, as well as positions held, determine credit given.

(5) Participation in non-compensated mental health and medical activities of social significance.

Activities demonstrating the physician's social responsibility and humanitarian concerns, such as work with survivors of natural disasters, mental health patient advocacy groups (AMIs) or with AIDS service organizations, are included in this criterion. Nominees should specify the nature of their contributions and the time commitments made. For example, "Chaired Advocacy Coalition task force, which met every month for four hours over a five year period." Letters from individuals (medical or non-medical) directly involved, specifically documenting the type, quality and length of involvement, are very helpful. The highest weight is given to service performed over a period of time, or on a short-term but intensive basis.

(6) Participation in non-medical, non-income-producing community activities.

The Committee looks for significant contributions to the political, religious, charitable, artistic, educational, athletic or ethnic life of the community, i.e., contributions unrelated to medical income-producing activities. Mere membership in, or financial donation to, a community service organization earns no credit. Supporting letters detailing contributions from persons directly involved with these activities are very important in documenting this category. Examples: serving as an officer in a church or synagogue; playing an instrument in a community orchestra or chairing the board of a local school PTA or charity.

(7) Clinical contributions.

Letters attesting to and detailing exemplary skill, knowledge, diagnostic ability and therapeutic expertise are necessary. The Committee will recognize clinical distinction achieved in any of a spectrum of settings, but may take special note of work done in public service or underserved settings. Service on hospital committees and other medical administrative work may be listed here or under (8) below.

(8) Administrative contributions.

In this category the Committee looks for advancement in administrative positions in institutional, community/public, or private settings, as well as the level of

responsibility associated with the position(s). Intraspecialty administration as well as administration within broader mental health, medical or overarching venues count towards credit in this category. Responsibilities documented should include such non-clinical activities as program development and oversight, committee work, budgeting, management of human and financial resources, strategic planning or policy formulation. Letters giving the specifics, as well as the quality of the nominee's achievements in this area are needed.

(9) Teaching contributions.

Teaching in all settings is acceptable. In university settings, advancement in academic rank is taken into consideration, as is the extent and quality of teaching activities in other settings. There should be letters from faculty members, heads of departments or others familiar with the nominee's work. Teaching in non-institutional, non-professional settings should be supported by letters from individuals directly involved. As indicated above, presentations at scientific meetings should be included under this category.

(10) Scientific and scholarly publications.

Books (other than privately published), book chapters and articles in journals earn credit in this category. Higher weight will be given to articles published in refereed and/or widely circulated journals and to lead authorship. No credit is given for unpublished research. Both number and quality of publications are considered in evaluating this category.

3. In order that the Membership Committee may arrive at the correct decision, **detailed** comments must address the quality of nominee's accomplishments in the categories in paragraph 2c. At least three of the letters must be from Distinguished Fellows or Distinguished Life Fellows of the APA; however, letters from other individuals (other members or non-psychiatrists) are **strongly** encouraged. Letters that amplify and delineate the quality of each activity reported on the nomination form are crucial to the Committee in its evaluation of the nominee. **Letters should not simply repeat the information on the nomination form, but tell about the quality and thrust of the individual's achievements or experiences.** Each person asked to comment on a nominee should have a copy of these guidelines. **All letters must be typewritten and on letterhead.** If a nomination is submitted electronically, the branch will not be required to mail a hardcopy. Nominations should not include links to websites. Recommendation letters on letterhead without an actual signature will be accepted if the District Branch submitted the letter with the nomination.
4. Nominations must be submitted on the form provided by the APA to the district branches. All information should be documented within the respective sections (i.e., expand the form to accommodate written information). Nominations will be returned if completed incorrectly. The form can be completed by either the District Branch or the nominee. However, all nominations are the responsibility of the District Branch and nomination packets **must be submitted by a District Branch.** Handwritten forms will not be accepted.
5. Curriculum vitae in lieu of, or as supplements to, completed nomination forms are not acceptable.
6. Distinguished Fellows will be expected to maintain the dignity of their profession and the practice of medicine including all relevant ethical guidelines.
7. The District Branch Distinguished Fellowship Chairperson shall forward nominations to the APA Membership Committee by the **1st of July.**

DISTINGUISHED FELLOWSHIP SCORING GUIDELINES

1. **Board Certification** – Points range from 0 to a maximum of 6. Four points for ABPN or RCPS certification and up to 2 points extra for additional certifications (e.g., child, psychoanalytic training certificate, administrative psychiatry, etc.), not just training, or degrees earned **after** completion of psychiatric training, such as MPH or JD. A minimum of 4 points is required for category credit.
2. **Involvement in District Branch, Chapter, or State Association Activities** – Points range from 0 to a maximum of 6. A minimum of 4 points is required for category credit. Active participation (e.g., elected office, committee work, etc.) and not just membership is required for credit.
3. **Involvement in Other Components and Activities of APA** – Points range from 0 to a maximum of 6. A minimum of 3 points is required for category credit. Active participation (e.g., elected office, committee work, etc.) and not just membership is required for credit.
4. **Involvement in Other Medical and Professional Organizations** – Points range from 0 to a maximum of 6. A minimum of 4 points is required for category credit. Active participation is required for credit.
5. **Participation in Non-Compensated Mental Health and Medical Activities of Social Significance** – Points range from 0 to a maximum of 4. A minimum of 3 points is required for category credit. Active participation is required for credit.
6. **Participation in Non-Medical, Non-Income-Producing Community Activities** – Points range from 0 to a maximum of 4. A minimum of 3 points is required for category credit. Active participation is required for credit.
7. **Clinical Contributions** – Points range from 0 to a maximum of 6. A minimum of 4 points is required for category credit. Generally, nominees who have been in active, full-time clinical practice are awarded the 4 points in the category.
8. **Administrative Contributions** – Points range from 0 to a maximum of 6. A minimum of 4 points is required for category credit. Generally, the more leadership and responsibility, the more credit is given (e.g., Medical Director of a large hospital would be worth more than Medical Director in a small clinic).
9. **Teaching Contributions** – Points range from 0 to a maximum of 6. A minimum of 4 points is required for category credit. Active teaching is required, not just a type of courtesy appointment.
10. **Scientific and Scholarly Publications** – Points range from 0 to a maximum of 6. A minimum of 4 points is required for category credit. Higher weight is given to articles published in referred and/or widely circulated journals and to lead authorship (generally one point). One point is also generally awarded for a chapter or a book. No credit is given for unpublished research. Both number and quality of publications are considered in evaluating this category.

POINT REQUIREMENTS FOR DISTINGUISHED FELLOWSHIP		
Category	Point Range	Minimum Points Required
1-Board certification	0 – 6	4
2-Local DB/SA/Chapter	0 – 6	4
3-APA	0 – 6	3
4-Other medical orgs	0 – 6	4
5-Non-compensated MH activities of social significance	0 – 4	3
6-Community activities	0 – 4	3
7-Clinical	0 – 6	4
8-Administrative	0 – 6	4
9-Teaching	0 – 6	4
10-Scientific Publications	0 – 6	4
<i>Nominee needs required points in 5 categories and a minimum of 23 points.</i>		