# American

**NOMINATION FOR DISTINGUISHED FELLOWSHIP**

**Nominations must be typewritten**

**Psychiatric**

**Association**

Membership Department

1000 Wilson Boulevard, Suite 1825

Arlington, VA 22209-3901

1-888-357-7924

membership@psych.org

|  |  |
| --- | --- |
| By District Branch: |   |
| Date: |   |
| Member Class/Year Joined: |   |
| APA Member ID: |   |
| **Name:**  First Middle Last |
| **Address:**  Street City State Zip |
| **Telephone:**  | **Birthplace & Date:**  |
| **Email:**  |  |
|  **Educational Institution Date(s) Degree**  |
| Undergraduate                   |
| Medical School  |
| Internship                    |
| Psychiatry Residency                     |
| Fellowship (e.g., child/adolescent, forensics, geriatrics, psychosomatic)             |
| Additional (including psychoanalytic) Certificate/Degree  |
| Please list **3 Distinguished Fellows/Distinguished Life Fellows** whom you have requested to write to the District Branch supporting your nomination. Additional letters from non-Distinguished Fellows/Distinguished Life Fellows and/or non-psychiatrists are encouraged as well. All persons should be familiar with your current and past professional standing and contributions and should elaborate on items 1 through 10 on page 2 of this form. |
|  Name Address1) 2) 3)  |
|  |

**Please document all information within the respective sections noted below. Boxes may be expanded to accommodate written information. Please DO NOT attach curriculum vitae.**

Name:

For APA

Use Only

1. Board Certification(s):

ABPN:General (date)       Child (date)

Equivalent       (date)

Other       (date)

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

 (include dates):

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

4. Involvement in other medical and professional organizations (include dates):

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

 significance (include dates):

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

7. Clinical contributions (include dates):

8. Administrative contributions (include dates):

9. Teaching contributions (include dates):

10. Scientific and scholarly publications:

Total Points\_\_\_\_\_\_\_\_ Total Categories\_\_\_\_\_\_\_\_ Approved \_\_\_\_\_\_\_\_\_ Deferred \_\_\_\_\_\_\_\_\_ Revised 2/2010