# 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 Address  1)  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