

# Become a Fellow

### of the American Psychiatric Association



FELLOW STATUS IS AN HONOR THAT REFLECTS YOUR DEDICATION TO THE WORK OF THE APA AND SIGNIFIES YOUR ALLEGIANCE TO THE PSYCHIATRIC PROFESSION.



## Are you ready to take the next step in your professional career?

### II Why become an APA Fellow?

Being a Fellow is an honorary designation to recognize early career members who have demonstrated allegiance to their profession and commitment to the on-going work of the Association.

Members who pursue Fellow status perceive it as one of the first steps to enhancement of their professional credentials.

- Fellows are recognized by their colleagues in the Association as a member of a very select group, inasmuch as members are identified by their member class at all APA functions.
- >> Fellows are permitted the use of the FAPA designation on all of their professional documentation.
- All newly appointed Fellows are publicly recognized at the Convocation of Fellows and Distinguished Fellows, which is held every year during the APA's Annual Meeting.
- Fellows receive a lapel pin as a symbol of their status and an embossed Fellow certificate to display with pride in their office.
- Annual dues rates for General Members and Fellows are the same.

## ■■ What are the guidelines and criteria for eligibility?

- 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
- >> Approval by the APA Board of Trustees

### ■ How do I apply?

If you meet all of the requirements, complete the enclosed Fellowship application or go to www.psychiatry.org to download an application.

Your application must be submitted to the American Psychiatric Association on or before September 1st.



APA USE ONLY:		
DB	BD	CERT

## **APA Fellowship Application**

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

#### **Biographical Information**

LAST NAME

STATE	ZIP/POSTAL CODE	
OFFICE FAX (WITH AREA CODE)		
APA ID NUMBER		
CPS (C), AOA)		
VALID THROUGH		
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Fellow Guidelines and Application can also be obtained at www.psychiatry.org. For questions, please call the APA Membership Department at (888) 357-7924.



EMAIL: 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.

- 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

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