

General Member

Membership Guide and Application



Advancing Psychiatry, Together

The American Psychiatric Association (APA) is the largest psychiatric membership organization in the world, with over 36,000 physician members in over 100 countries.

As a practicing psychiatrist who has completed an acceptable residency training program in psychiatry, and holds either a valid license to practice medicine or an academic, research, or governmental position (that does not require licensure), **we invite you to join the APA.**

Your APA member benefits provide you resources to advance your career and help you make a difference in the lives of your patients.

Discover the Value of APA Membership:



APA MEETINGS

Attend and save on registration to the APA Annual Meeting, the largest psychiatric meeting in the world (a \$640 savings for members) and earn up to 40 *AMA PRA Category 1 credits*.™



APA PUBLICATIONS

Receive free print and online subscriptions to *The American Journal of Psychiatry* (a \$306 value), *AJP in Advance*, and *Psychiatric News*. Also receive a 20% discount through APA Publishing on more than 700 books and other journals.



E-LEARNING

Access education to advance your clinical and practice-management skills with APA's new Learning Center. Earn CME credit with over 200 activities, including Performance in Practice (PIP): three-stage chart review modules approved by ABPN for MOC Part 4, and Self-Assessment modules approved by ABPN for MOC Part 2.



PRACTICE TOOLS

Access indispensable members-only practice resources and tools, including Practice Management Help Line, CPT Coding, Starting and Closing a Practice, HIPAA, Reimbursement and Medicare/Medicaid, Practice Guidelines and much more.



SAVE ON EDUCATION

Receive a significant discount on CME courses and free access to the Members' Course of the Month, an on-demand CME course on a popular topic. All credits earned through APA Learning Center will be automatically transferred to your ABPN Physician Folio and are not subject to audit.



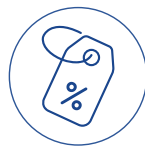
SHAPE THE FUTURE OF YOUR PROFESSION

Shape the role and future of psychiatry through volunteer opportunities, leadership positions, APA caucuses, and the Congressional Advocacy Network.



NETWORKING

Make meaningful connections with a global community of psychiatrists through leadership opportunities, by attending national and local meetings and events, and through online communities including LinkedIn, listservs and the APA membership directory.



DISCOUNT SERVICES

Receive significant discounts on journals, books, meeting registrations, online learning modules and services to help you save money personally and professionally.

Find the full list at psychiatry.org/benefits

Medical leadership for mind, brain and body.



JOIN ONLINE AT
psychiatry.org/join

APA General Membership Application

Complete online or detach and return the completed application by mail or fax:

American Psychiatric Association
Membership Department
1000 Wilson Blvd., Suite 1825
Arlington, VA 22209-3901

Email:
membership@psych.org
Fax: 703-907-1085

Or **Join online** at
psychiatry.org/join

Have you been a member of the APA before? Yes No If yes, APA Member ID (if known): _____ Referred by APA Member (Name): _____

PERSONAL INFORMATION

Family/Last name:	First Name:	Middle Initial:
Other last names Used Professionally: (for verification purposes only)	Country of Birth:	Date of Birth: MM/DD/YYYY
Office Phone: (Area code/number):	Home Phone: (Area code/number):	Gender: Male Female
Fax Number (Area code/number):	Cell/Mobile (Area code/number):	Degree: M.D. D.O. M.B.B.S.
Primary Email:	Secondary Email:	

MAILING ADDRESS

PRIMARY MAILING ADDRESS	Home	Office	SECONDARY MAILING ADDRESS	Home	Office
Street Address:			Street Address:		
Street Address (Line 2):			Street Address (Line 2):		
City:		State/Province:	City:		State/Province:
Country:		Zip/ Postal Code:	Country:		Zip/ Postal Code:

EDUCATION

Medical School (Required):	PSYCHIATRY RESIDENCY TRAINING (REQUIRED)	
University/School Name:	Training Program/School Name:	
City:	State:	Country:
Degree:	Begin Date: MM/YYYY	Completion: MM/YYYY
	Begin Date: MM/YYYY	Completion: MM/YYYY

APA General Membership Application (Continued from inside)

FELLOWSHIP/ADDITIONAL TRAINING (IF APPLICABLE)			ETHICS	
Training Program/School Name:			Has your license to practice medicine ever been revoked or suspended?	Yes No
City:	State:	Begin Date: MM/YYYY	Are you currently charged with illegal or unethical professional conduct by a regulatory or law enforcement agency or by a professional society?	Yes No
Country:		Completion Date: MM/YYYY	Have you ever been held liable for civil or criminal sanctions by a regulatory or law enforcement body or by a professional society for illegal or unethical professional conduct?	Yes No
			<i>If YES to any of the three preceding questions, please furnish details in a confidential communication to the APA Membership Committee Chair and attach to this application.</i>	
BOARD CERTIFICATION		CERTIFICATION DATE - VALID THRU DATE	RESIDENCY TRAINING VERIFICATION	
American Board of Psychiatry and Neurology:		MM/YYYY MM/DD/YYYY	A certificate of residency training completion is required, unless board certified by ABPN, AOA, or RCPS(C).	
ABPN Sub-Specialty (Specify):		MM/YYYY MM/DD/YYYY	MEDICAL LICENSURE	
American Osteopathic Board of Neurology and Psychiatry:		MM/YYYY MM/DD/YYYY	State and License Number (Required*) Expiration Date: MM/DD/YYYY	
Royal College of Physicians and Surgeons of Canada:		MM/YYYY MM/DD/YYYY	*Not required if you are a psychiatrist in an academic, research, or government position not requiring a license.	
Other (Specify):		MM/YYYY MM/DD/YYYY	<input type="checkbox"/> Check here if license not required.	

<p>NATIONAL AND LOCAL MEMBERSHIP DUES</p> <p>Members of the national APA must also belong to the local District Branch and/or State Association. DB/SA membership will be assigned based on the member's preferred mailing address or current military service. Applicants may request an alternative DB/SA (either where applicant lives or works) by contacting the APA Membership Department.</p> <p>2016 APA MEMBERSHIP DUES</p> <p>\$145 – 1st Year in Practice after Residency (\$90 for Canadians)</p> <p>\$200 – 2nd Year in Practice after Residency (\$125 for Canadians)</p> <p>\$260 – 3rd Year in Practice after Residency (\$160 for Canadians)</p> <p>\$345 – 4th Year in Practice after Residency (\$210 for Canadians)</p> <p>\$430 – 5th Year in Practice after Residency (\$265 for Canadians)</p> <p>\$520 – 6th Year in Practice after Residency (\$315 for Canadians)</p> <p>\$575 – 7th Year and beyond (\$350 for Canadians)</p>	<p>District Branch/State Association dues vary by state. Please visit psychiatry.org/join for details.</p> <p>The APA and DB/SA membership year runs from January 1 through December 31. Membership is continuous on an annual basis, unless written notification is received from the member or dues are not paid by the March 31 deadline. For new members, dues are pro-rated on a quarterly basis for the first year. Contact the Membership Department if you need clarification on the dues payment amount to send with your application: call 1-888-357-7924 or email membership@psych.org.</p>
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PAYMENT INFORMATION

Check enclosed. Must make payable to APA and remit in U.S. funds drawn on a U.S. bank.

Credit Card: Visa MasterCard American Express

Credit Card Number: _____

Name As It Appears On Card: _____

Expiration Date: MM/YYYY Security Code: _____

Signature _____ Date: MM/DD/YYYY

Amount to be Charged (USD):
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AGREEMENT

In consideration of my membership in the APA, the District Branch and/or the State Association, which I understand is a privilege and not a right, I agree that APA may make inquiries about me and that I am not entitled to the results, that I will pay the dues required on or before the due date, that I will adhere to the standards of ethical practice and conduct as well as the procedures outlined in the Principles of Medical Ethics With Annotations Especially Applicable to Psychiatry, that APA may publish my membership data in its membership database to which all members and third parties permitted by APA will have access, that APA may provide government authorities all information pertaining to me if in receipt of a subpoena from authorities or if the institution seeking the information is a public institution which has paid all or any portion of my membership dues or CME fees, and that I will hold APA, the District Branch and the State Association harmless from any and all liability arising out of or relating to my membership, including but not limited to, decisions concerning membership, ethics, and/or the provision or storage of my personal and/or financial information. Any disputes that arise out of or relate to this agreement and/or my membership shall be governed by Virginia law without regard to its choice of law principles and any hearings or proceedings shall be heard in the state of Virginia.

Signature: _____ Date: MM/DD/YYYY