



NOMINATION FOR DISTINGUISHED FELLOWSHIP

Membership Department MS #5, 1808
1000 Wilson Boulevard, Suite 1825
Arlington, VA 22209-3901
Telephone: 1-888-35-PSYCH
apa@psych.org

BY DISTRICT BRANCH: _____

DATE: _____

APA MEMBERSHIP SINCE: _____

INSTRUCTIONS: Curriculum vitae not acceptable. All information must be typewritten.
Do not type on back of pages. **If additional space is needed, attach addendum.**

NAME: _____
First Middle Last

ADDRESS: _____
Street City State Zip

TELEPHONE: () _____ Birthplace & date: _____

EDUCATIONAL INSTITUTION:	DATE:	DEGREE:
UNDERGRADUATE		

MEDICAL SCHOOL(S)

INTERNSHIP

PSYCHIATRIC RESIDENCY

SUBSPECIALTY (CHILD, LEGAL, SOCIAL, COMMUNITY, ETC.)

ADDITIONAL (INCLUDING PSYCHOANALYTIC)	CERTIFICATE/DEGREE
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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 9 on page 2 of this form.

NAME: ADDRESS:

1) _____

2) _____

3) _____

Spaces below must be used; attach addendum if necessary.

NAME _____

CURRICULUM VITAE NOT ACCEPTABLE

BOARD CERTIFICATION(S):

ABPN: General (date) _____ Child (date) _____

Equivalent _____ (date) _____

Other _____ (date) _____

FOR APA
COMMITTEE
USE ONLY

2. ACTIVITIES IN DISTRICT BRANCH(ES) OR OTHER COMPONENTS OF THE APA
(include dates):

3. ACTIVITIES IN OTHER MEDICAL AND PROFESSIONAL ORGANIZATIONS (include dates):

4. PARTICIPATION IN NON-COMPENSATED MENTAL HEALTH AND MEDICAL
ACTIVITIES OF SOCIAL SIGNIFICANCE (include dates):

5. PARTICIPATION IN COMMUNITY ACTIVITIES UNRELATED TO INCOME-PRODUCING
ACTIVITIES (include dates):

6. CLINICAL CONTRIBUTIONS (include dates):

7. ADMINISTRATIVE CONTRIBUTIONS (include dates):

8. TEACHING CONTRIBUTIONS (include dates):

9. SCIENTIFIC AND SCHOLARLY PUBLICATIONS (Append list of titles of articles or books,
publishers & dates):

Approved _____ Deferred _____