

AMERICAN ACADEMY OF CHILD & ADOLESCENT PSYCHIATRY

PROCESSING APPLICATIONS

Applicants are interested in the time it takes to process an application. The following is a step-by-step guide.

1. Each application is checked for references, signature, and to verify that all questions have been answered.
2. If the application is complete, the applicant is notified of his/her acceptance as a provisional member of the Academy.
3. The application is then forwarded to the appropriate regional organization for processing. When the regional organization has completed its review, it is forwarded to the Chair of the Membership Credentials Committee for final review. The Chair then forwards it to the AACAP Membership Department.
4. A ballot is mailed to the AACAP Council with the recommendations of the Membership Chair for election of new members. The Council votes on final acceptance of the applicants.
5. The Membership Department notifies both the applicant and the Regional Organization of final acceptance as a member.

WHY THE PROCESS MAY BE DELAYED:

- Applicant has failed to include references. ***Do not return application to AACAP without references. Everything should be mailed together.***
- Applicant fails to sign the application.
- Applicant has not included all references.
- Applicant changes address without notifying the Central Office.
- Applicant has not paid application/membership fee.

AMERICAN ACADEMY OF CHILD & ADOLESCENT PSYCHIATRY

and

Regional Council of Child and Adolescent Psychiatry

APPLICATION FOR DUAL MEMBERSHIP

*This application is a dual application for both AACAP and your Regional Organization of Child & Adolescent Psychiatry. We look forward to welcoming you as a member. When we receive your **completed** application and appropriate fees, you will be considered a provisional member of AACAP, as well as your regional council of child and adolescent psychiatry, and your benefits will be enacted.*

PLEASE SUBMIT THE FOLLOWING REFERENCES ALONG WITH YOUR APPLICATION:

- **General:** Child and Adolescent Training Director
General Training Director
Two members familiar with your current work in child and adolescent psychiatry
- **Affiliate/Corresponding:** Two members familiar with your current work in child and adolescent psychiatry.

The Academy Bylaws outline the requirements for membership in the American Academy of Child and Adolescent Psychiatry. (See reverse.)

GENERAL MEMBERSHIP requires successful completion of two years of training in a child and adolescent psychiatry training program accredited by the Accreditation Council on Graduate Medical Education, and have completed general psychiatry training. Certification in child and adolescent psychiatry by the ABPN will satisfy the training requirement for active membership.

AFFILIATE MEMBERSHIP is for physicians who are not eligible for Fellow or Active Membership, but who are making contributions to the field of Child and Adolescent Psychiatry. Affiliate Members are not eligible to hold office or vote, but may serve on committees.

CORRESPONDING MEMBERSHIP is for physicians living outside of the United States or Canada who would qualify for any of the preceding categories of membership. Election to corresponding status is for a designated period of time, from 1 to 5 years, at the end of which time a review is required.

Benefits of annual dues include a subscription to the monthly Journal and the bi-monthly Newsletter of AACAP, all membership mailings, and reduced fees for annual meetings, scientific institutes and annual reviews in child and adolescent psychiatry.

General\$350
Affiliate\$295
Corresponding\$215

Please return completed application with appropriate membership fee plus \$45 application fee to:

American Academy of Child and Adolescent Psychiatry
Attn: Membership Services
Box 96106, Washington, D.C. 20090-6106

If you wish to pay by credit card please complete below:

Check one: VISA MC AMEX Account no.: _____

Expiration date: _____ Amount: _____

Signature: _____

If joining after June 30, you are only required to pay half of membership fee for the current year.

Section 4. General Members

(1) Shall be a licensed physician.

(2) Shall have been certified in child and adolescent psychiatry by the American Board of Psychiatry and Neurology, or have completed two years of training in a child and adolescent psychiatry training program accredited by the Accreditation Council on Graduate Medical Education, and have completed general psychiatry training.

(3) Shall demonstrate, through documentation by two members of the Academy, that at least one-third of their major professional interest and activity is in the field of child and adolescent psychiatry.

Section 5. Affiliate Members

(a) Affiliate Membership in the corporation may be extended, upon application, to any physician who is not eligible for Fellow Membership or Active Membership but who is making contributions to the field of child and adolescent psychiatry. The evaluation of such contribution should be made by at least two members of the Academy, or other qualified child and adolescent psychiatrists, who are familiar with the applicant's work.

Section 9. Corresponding Members

(a) Election to Corresponding Membership may, upon application, be extended to any physician living outside the United States who would otherwise qualify for election to membership in any of the previously described membership classes. Election to Corresponding Membership will be for a designated period of time, from 1 to 5 years, at the end of which time a review is required. Renewal for a further designated period of time, from 1 to 5 years, may be granted, if appropriate.

AMERICAN ACADEMY OF CHILD & ADOLESCENT PSYCHIATRY

(name of Regional Organization)

Regional Organization of Child and Adolescent Psychiatry

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MEMBERSHIP APPLICATION

1. Name: _____ Date of Application: _____
 Mailing Address: _____ Birth Date: _____
 _____ Office Telephone: _____
 _____ Fax Number: _____
 Email Address: _____

I AM APPLYING FOR (circle one) GENERAL, AFFILIATE, CORRESPONDING MEMBERSHIP.

- 2a. Medical School (name, place, date of graduation) _____
- b. Child and Adolescent Psychiatry (If institution is no longer active, give the name and address of training director and complete address.)

Training Director		Date Started	Date Completed (anticipated)
Program			
Address			

- c. Other residence training, e.g., general psychiatry, pediatrics, etc. (give details)

Training Director		Date Started	Date Completed (anticipated)
Program			
Address			

3. Current professional activities relating to children and adolescents

Activity	Institution or Setting	Hours/Week
<i>Private Practice</i>		
<i>Administration</i>		
<i>Public Psychiatry</i>		
<i>Teaching/Training</i>		
<i>Research</i>		
<i>Consultant Liaison</i>		
<i>Other</i> _____		

4. Are you certified in Child and Adolescent Psychiatry by the American Board of Psychiatry and Neurology?
 Yes No If yes, year? _____ (Please include copy of certificate.)

Other Board Certification? (Board and year) _____

Membership in American Psychiatric Association Yes No (not required for AACAP membership)

Membership in American Medical Association Yes No (not required for AACAP membership)

5. List below the names of the two members whose recommendations are enclosed.

Name: _____ Name: _____

Telephone: _____ Telephone: _____

If you are in doubt whether you qualify for membership, but you think you are making a contribution to this field, please use a separate sheet to list positions held, all research published, or other information which might help evaluate your qualifications.

6. Have you ever been found at fault by any medical board or any professional ethics review committee, or are you now under investigation by any such group? Yes No (If yes, please explain)

7. Medical License No.: _____

State: _____ Expiration Date: _____

I understand that the organization will make inquiries about my professional training and practices, either from professional societies, individual references, or any other individuals who may know my past or present professional activities, if such are deemed necessary. I also understand that the organization is not obligated to offer membership on the basis of this application.

I have read the Bylaws and Code of Ethics and agree to abide by them.

If accepted, I pledge myself to abide by the regulations of the Academy as well as to high standards of ethical practice.

I affirm that all the information in this application is true.

(Date) _____ (Signature) _____

INFORMATION REQUESTED IN THIS BOX IS FOR STATISTICAL USE ONLY

Information contained in this section will not be used as criteria for membership.

Date of Birth (___/___/___) Sex: Male Female
mo day yr

Ethnic Background: (check one)

- Caucasian Native American Asian
 African American Hispanic Other _____

AMERICAN ACADEMY OF
CHILD & ADOLESCENT
PSYCHIATRY

3615 Wisconsin Avenue, N.W.
Washington, D.C. 20016
(202) 966-7300

APPLICANT: To be completed by Training Director (Medical School Dean for Medical Students)

TO: Training Director/(Dean)

FROM: Beverly Sutton, M.D., Chair
Membership Credentials Committee

RE: _____
Applicant

DATE: _____

The above named person is applying for membership in the AACAP and must verify training. Please complete this form and *return it to the applicant*. Your assistance is appreciated.

Name of Training Institution _____

Type of Training _____

Date Started _____ Completed _____

If training was not full-time, insert dates and percent of time of any part-time training.

_____ % From _____ To _____

If there were any interruptions in training, insert dates and reason for the interruption.

From _____ To _____

Reason _____

Signature _____ Name _____
(type or print)

Position _____ Date _____

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APPLICANT: Please forward to a member of the American Academy of Child and Adolescent Psychiatry who is familiar with your present professional work in child and adolescent psychiatry.

TO: AACAP Members

FROM: Beverly Sutton, M.D., Chair
Membership Credentials Committee

RE: _____
Applicant

DATE: _____

The above named person is applying for membership in the AACAP. The applicant needs to verify his/her professional activities. Our Bylaws, stating membership requirements, appear on the next page. Please answer the following questions and *return it to the applicant*.

1. Are you familiar with the applicant's professional work? Yes No
2. If the answer to number 1 is YES, does it fulfill the "professional activities" requirement of the Academy?
 Yes No
3. If the answer to number 1 is NO, but you think the applicant fulfills the "professional activities" requirement, check on what basis:
 - a. Past association _____
 - b. Reputation in your community _____
 - c. Other (Please specify) _____

Signature _____

Name (Please type or print) _____

Address _____

Date _____

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Signature _____

Name (Please type or print) _____

Address _____

Date _____

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