

AACAP International Membership Application

Biographical Information

LAST NAME	FIRST NAME	MIDDLE	TODAY'S DATE
HOSPITAL / PRACTICE / PROGRAM / COMPANY		CURRENT POSITION	
STREET ADDRESS	CITY	PROVINCE / STATE / COUNTY	CEP / POSTAL CODE
COUNTRY	TELEPHONE NUMBER (COUNTRY CODE / CITY CODE / PHONE)	FAX NUMBER	
EMAIL ADDRESS	DATE OF BIRTH		

Professional Education and Training Information

Medical School

SCHOOL NAME		
CITY / COUNTRY		
STARTED (MM / YYYY)	FINISHED (MM / YYYY)	SPECIALTY

Post Graduate Psychiatry Training: (If Applicable)

TRAINING PROGRAM / SCHOOL		
CITY / COUNTRY		
STARTED (MM / YYYY)	FINISHED (MM / YYYY)	SPECIALTY

Board Certification: (If your country has a Board certification in psychiatry or the equivalent, please list the information below.)

DATE	BOARD SPECIALTY
COUNTRY	
LICENSING ENTITY	

Professional Membership in Medical Societies:

NAME	LOCATION
NAME	LOCATION

Documentation

To expedite your application process, please complete the section below and attach a copy of your medical license (English, or Certified Translation).

COUNTRY
LICENSE NUMBER (REQUIRED)
EXPIRATION DATE (IF APPLICABLE)

Have you ever been found at fault by any medical board or professional ethics review committee, or are you now under investigation by any such group?

Yes (please submit an explanation) No

Demographic Information

GENDER	<input type="checkbox"/> Female	<input type="checkbox"/> Male
ETHNICITY	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Non-Hispanic or Latino
RACE	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian
	<input type="checkbox"/> African American or Black	<input type="checkbox"/> Caucasian or White
	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Other

LIST LANGUAGE(S)

Are you a member of the American Psychiatric Association?

Yes No

Are you a member of the American Medical Association?

Yes No

Are you a member of the American Academy of Pediatrics?

Yes No

I understand that my application will be reviewed by the Membership Credentials Committee. I understand that the organization may make inquiries about my professional training and practices if deemed necessary. I understand that the organization is not obligated to offer membership on the basis of this application.

I affirm that the information on this application is true.

Signature

Date

AACAP International Membership Application

AACAP's International membership dues are based on your country of residence income group category as defined by the World Bank. There are four categories:

Income Category Group Category Dues:

	Group Category	Dues
High Income	HI	\$305.00 USD
Upper Middle Income	UMI	\$250.00 USD
Lower Middle Income	LMI	\$125.00 USD
Low Income	LI	\$75.00 USD

Defined by the World Bank as of July 2013

Afghanistan _____ LI	Dominican Republic _____ UMI	Lebanon _____ UMI	Sao Tome & Principe _____ LMI
Albania _____ UMI	Ecuador _____ UMI	Lesotho _____ LMI	Saudi Arabia _____ HI
Algeria _____ UMI	Egypt, Arab Rep _____ LMI	Liberia _____ LI	Scotland _____ HI
Andorra _____ HI	El Salvador _____ LMI	Libya _____ UMI	Senegal _____ LMI
Angola _____ UMI	Equatorial Guinea _____ HI	Liechtenstein _____ HI	Serbia _____ UMI
Antigua & Barbuda _____ HI	Eritrea _____ LI	Lithuania _____ HI	Seychelles _____ UMI
Argentina _____ UMI	Estonia _____ HI	Luxembourg _____ HI	Sierra Leone _____ LI
Armenia _____ LMI	Ethiopia _____ LI	Macao Sar, China _____ HI	Singapore _____ HI
Aruba _____ HI	Faeroe Islands _____ HI	Macedonia, FYR _____ UMI	Slovak Republic _____ HI
Australia _____ HI	Fiji _____ UMI	Madagascar _____ LI	Slovenia _____ HI
Austria _____ HI	Finland _____ HI	Malawi _____ LI	Solomon Islands _____ LMI
Azerbaijan _____ UMI	France _____ HI	Malaysia _____ UMI	Somalia _____ LI
Bahamas _____ HI	French Polynesia _____ HI	Maldives _____ UMI	South Africa _____ UMI
Bahrain _____ HI	Gabon _____ UMI	Mali _____ LI	South Sudan _____ LI
Bangladesh _____ LI	Gambia, The _____ LI	Malta _____ HI	Spain _____ HI
Barbados _____ HI	Georgia _____ LMI	Marshall Islands _____ UMI	Sri Lanka _____ LMI
Belarus _____ UMI	Germany _____ HI	Mauritania _____ LMI	St. Kitts & Nevis _____ HI
Belgium _____ HI	Ghana _____ LMI	Mauritius _____ UMI	St. Lucia _____ UMI
Belize _____ UMI	Gibraltar _____ HI	Mexico _____ UMI	St. Maarten (Dutch) _____ HI
Benin _____ LI	Greece _____ HI	Micronesia, Fed. Sts _____ LMI	St. Martin (French) _____ HI
Bermuda _____ HI	Greenland _____ HI	Moldova _____ LMI	St. Vincent & The Grenadines _____ UMI
Bhutan _____ LMI	Grenada _____ UMI	Monaco _____ HI	Sudan _____ LMI
Bolivia _____ LMI	Guam _____ HI	Mongolia _____ LMI	Suriname _____ UMI
Bosnia & Herzegovina _____ UMI	Guatemala _____ LMI	Montenegro _____ UMI	Swaziland _____ LMI
Botswana _____ UMI	Guinea _____ LI	Morocco _____ LMI	Sweden _____ HI
Brazil _____ UMI	Guinea-Bissau _____ LI	Mozambique _____ LI	Switzerland _____ HI
Brunei _____ HI	Guyana _____ LMI	Myanmar _____ LI	Syrian Arab Republic _____ LMI
Bulgaria _____ UMI	Haiti _____ LI	Namibia _____ UMI	Tajikistan _____ LI
Burkina Faso _____ LI	Honduras _____ LMI	Nepal _____ LI	Tanzania _____ LI
Burundi _____ LI	Hong Kong, China _____ HI	Netherlands _____ HI	Thailand _____ UMI
Cambodia _____ LI	Hungary _____ UMI	New Caledonia _____ HI	Timor-Leste _____ LMI
Cameroon _____ LMI	Iceland _____ HI	New Zealand _____ HI	Tonga _____ UMI
Cape Verde _____ LMI	India _____ LMI	Nicaragua _____ LMI	Trinidad & Tobago _____ HI
Cayman Islands _____ HI	Indonesia _____ LMI	Niger _____ LI	Tunisia _____ UMI
Central African Republic _____ LI	Iran, Islamic Rep _____ UMI	Nigeria _____ LMI	Turkey _____ UMI
Chad _____ LI	Iraq _____ UMI	Northern Mariana Islands _____ HI	Turkmenistan _____ UMI
Channel Islands _____ HI	Ireland _____ HI	Norway _____ HI	Turks and Caicos Islands _____ HI
Chile _____ HI	Isle of Man _____ HI	Oman _____ HI	Tuvalu _____ UMI
China _____ UMI	Israel _____ HI	Pakistan _____ LMI	Uganda _____ LI
Colombia _____ UMI	Italy _____ HI	Palau _____ UMI	Ukraine _____ LMI
Comoros _____ LI	Jamaica _____ UMI	Panama _____ UMI	United Arab Emirates _____ HI
Congo, Dem. Rep _____ LI	Japan _____ HI	Papua New Guinea _____ LMI	United Kingdom _____ HI
Congo _____ LMI	Jordan _____ UMI	Paraguay _____ LMI	Uruguay _____ HI
Costa Rica _____ UMI	Kazakhstan _____ UMI	Peru _____ UMI	Uzbekistan _____ LMI
Ivory Coast _____ LMI	Kenya _____ LI	Philippines _____ LMI	Vanuatu _____ LMI
Croatia _____ HI	Kiribati _____ LMI	Poland _____ HI	Venezuela, RB _____ UMI
Cuba _____ UMI	Korea, Dem. Rep _____ LI	Portugal _____ HI	Vietnam _____ LMI
Curacao _____ HI	Korea, Rep _____ HI	Qatar _____ HI	West Bank & Gaza _____ LMI
Cyprus _____ HI	Kosovo _____ LMI	Romania _____ UMI	Yemen, Rep _____ LMI
Czech Republic _____ HI	Kuwait _____ HI	Russian Federation _____ HI	Zambia _____ LMI
Denmark _____ HI	Kyrgyz Republic _____ LI	Rwanda _____ LI	Zimbabwe _____ LI
Djibouti _____ LMI	Lao PDR _____ LMI	Samoa _____ LMI	
Dominica _____ UMI	Latvia _____ HI	San Marino _____ HI	