

TSPP Resident-Fellow Member Application

Detach and return the completed application by email, mail or fax:

Texas Society Of Psychiatric Physicians
401 West 15th Street #675
Austin, TX 78701

Fax:
512-478-5223
Email:
tspp@txpsych.org

PERSONAL INFORMATION

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

MAILING ADDRESS

Family/Surname:	First Name:	Middle Initial:
Other Surnames 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:
Fax Number (Area code/number):	Cell/Mobile (Area code/number):	Degree: M.D. D.O. M.B.B.S.
Primary Email:	Secondary Email:	
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 ENDORSEMENT
University/School Name:	Please provide your residency training director's contact information to verify your psychiatric training.
City: State: Country:	Director of Psychiatry Training:
Degree: Begin date: MM/YYYY Completion: MM/YYYY	Email Address:

PSYCHIATRY RESIDENCY TRAINING (and other medical specialty training including fellowship programs; list the most recent training first and include copies of training certificates.)	ETHICS If you respond YES to any of these questions, please furnish details in a confidential communication by email to tspp@txpsych.org
Training Program/School:	Has your license to practice medicine ever been revoked or suspended?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: Date Completed or Expected: MM/YYYY	Have you ever been sanctioned or held liable by a regulatory body or court or sanctioned by a professional society? Yes No
Training Program/School:	ETHICS AGEEMENT By renewing my TSPP membership, I am attesting that I either am not aware of any action or investigation by any state board of medicine regarding my license to practice medicine or that I am aware of such action and will immediately send notice of the action or investigation to TSPP by electronic mail to tspp@txpsych.com. TSPP's Ethics Committee may follow up with you in the event it receives notice of an action or investigation from you.
City: State: Begin Date: MM/YYYY	
Country: Date Completed or Expected: MM/YYYY	

AGREEMENT

In consideration of my membership in the APA and the District Branch which I understand is a privilege and not a right, I agree that TSPP 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 if applicable, 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 District of Columbia law without regard to its choice of law principles and any hearings or proceedings shall be heard in the District of Columbia. Upon review and acceptance of an application by the APA, you will be given provisional membership, and full APA benefits, while the District Branch (DB) reviews the application. Voting rights will not commence until you become a fully recognized member in the DB (including payment of dues) at which time you will be a fully recognized member of the APA and the DB. If a DB rejects an application, the reason will be provided along with a full refund of payment. Upon review and acceptance of an application by the APA, you will be given provisional membership, and full APA benefits, while the District Branch (DB) reviews the application. Voting rights will not commence until you become a fully recognized member in the DB (including payment of dues) at which time you will be a fully recognized member of the APA and the DB. If a DB rejects an application, the reason will be provided along with a full refund of payment.

Signature: _____ Date: MM/DD/YYYY

RESIDENT-FELLOW MEMBERSHIP DUES

TSPP annual national membership dues are \$50/year. To determine your APA dues please refer to www.psychiatry.org for your dues amount. **Questions?** Call the TSPP Membership Department for clarification on the dues payment amount to send with your application at 512-478-0605.

Select below if you prefer to make payment via payment link. You will receive a link from us to complete your payment and application processing. If you would like the link to be sent to a different email address than what you provided in your application, please include it below:

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

Amount to be Charged (USD):

\$

Credit Card Number: _____

Name As It Appears On Card: _____

Expiration Date: MM/YYYY Security Code: _____

Signature _____ Date: MM/DD/YYYY