

AACAP International Membership Application

AMERICAN ACADEMY OF
CHILD & ADOLESCENT
PSYCHIATRY

W W W . A A C A P . O R G

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

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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		