



MEMBERSHIP INFORMATION

**Southern Psychiatric Association
Room 201, 6501 North Charles Street
Baltimore, MD 21204
(410) 938-3403**

Mission Statement

The Southern Psychiatric Association was established in 1935 to further the study of all subjects pertaining to the cause, treatment, and prevention of psychiatric disorders; to promote the interests, maintenance, and the advancement of standards in public and private hospitals for psychiatric disorders, or outpatient clinics, and all other agencies concerned with the medical, social, and legal aspects of these disorders; and to further psychiatric knowledge in other branches of medicine and in other sciences and to furnish the public with the proper concept of psychiatric disease.

Territory

SPA's membership territory includes the States of Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, Missouri, North Carolina, Oklahoma, South Carolina, Texas, Tennessee, Virginia, Washington DC, West Virginia, and Puerto Rico.

Membership Requirements

Presently, membership is limited to 300 dues-paying members. SPA feels that by keeping the membership low, the collegial interaction among the psychiatrist members is greatly enhanced. SPA takes pride in the active involvement and annual meeting participation by psychiatrist members who continually year after year support their Association.

Membership in SPA requires an invitation from a present member, fellow, or life fellow. An application is required. The required recommendation should accompany the completed application. Candidates for membership must be approved by the Board of Regents.

Annual Meeting

The Annual Meeting, traditionally held in late September or early October, has become the culmination of our year. This meeting features three half-day educational sessions, distinguished guest speakers and the most current educational exhibits. Complementing the Annual Meeting's education agenda is a full schedule of social and recreational programs. Collegial interaction, the lively social schedule, and the exciting locations make this extremely popular with members.

Residents/Young Investigators Award

The Southern Psychiatric Association offers an annual award for a manuscript concerning basic or clinical research, or a scholarly review of literature, on a topic pertinent to psychiatry submitted by a psychiatrist in training within the SPA territory. The winner receives a \$1,500 honorarium and hotel and travel expenses for them and one guest to present the paper at SPA's annual meeting.

Newsletter

As a member of Southern Psychiatric Association, you will receive the SPA Newsletter, containing updates on membership, annual meeting highlights, and other information regarding the Association.



SOUTHERN PSYCHIATRIC ASSOCIATION

MEMBERSHIP APPLICATION

This form is to be completed as a curriculum vitae for applying for membership in the Southern Psychiatric Association. It must be completely filled out and mailed to the Southern Psychiatric Association at 6501 N. Charles St., Baltimore, MD 21204. Members must be proposed by Members or Fellows of SPA and at least one (1) letter of reference should accompany this application.

In considering proposals, the Association will be guided by evidence of the candidate's continued growth and competence as expressed in the following areas:

1. Constructive influence in the community
2. Clinical or administrative ability
3. Teaching contributions
4. Relationship with colleagues and others
5. Ability in research
6. Merit of publications
7. Certification by the American Board of Psychiatry and Neurology
8. Membership and recognition in other organizations

The rights and privileges of members included eligibility to vote but not to hold office. Fellows shall be chosen from those who have been members for the last five years and who have demonstrated good interest in the Southern Psychiatric Association (e.g. attendance at annual meetings) and who are considered worthy of special commendation by eminence in the field of psychiatry. Fellows receive a special certificate (for which there is no fee) and are eligible to vote and hold office. Annual dues for Members and Fellows are \$200.00. Resignations must be submitted before the beginning of the fiscal year (January 1); otherwise dues will be charged.

By submitting this completed form, applicant understands and agrees that inquiries may be made by the Board of Regents or the Association from the persons given as references and from such other persons as the Committee in its judgment may select. Information in the hands of the Committee is considered confidential, and there is no obligation for the Committee to divulge the reasons for its actions to an applicant or persons to whom the applicant refers.

AN ADMINISTRATIVE FEE OF \$110 IS REQUIRED AT THE TIME OF SUBMISSION.

(This fee will cover member processing, mailing, and other expenses incurred as a result of your application. This fee will be applied toward your first dues payment upon membership approval by SPA's Board of Regents.)

Name: _____
First (please print) Last

Social Security Number _____

Office Address: _____

Email: _____

Telephone: _____

Home Address: _____

Place and Dates of Birth: _____

Spouse or Nearest Relative:

Name _____ Address: _____

Medical School Graduation (Name of School and Date): _____

State, Provinces, or Foreign Countries in which licensed to practice medicine: _____

Professional training in psychiatric institutions: (Give names, exact addresses of institutions in which appointments have been held, with exact dates of service, and official titles:

Post-Graduate Courses: (Name and location of colleges and universities attended for post-graduate course, with titles of courses, dates attended):

Membership in scientific societies. (Indicate the name of local, county, state or national scientific, particularly medical societies, in which membership is held):

Present hospital affiliations and rank:

Teaching appointments. (give title and department):

Private Practice of Psychiatry - specify years and location – fulltime:

Specify years and location – part time:

Community Service – work on community and public committees:

Membership in American Psychiatric Association (please check) () Yes () No

Fellow () Yes () No

Member of APA District Branch (name): _____

Certification of American Board of Psychiatry and Neurology – (check)

Psychiatry: () Year: _____ Neurology: () Year: _____

Certification in other medical specialties (specify)

Medical papers published. (Give titles of papers published with volume and date of journals:

Attach list if necessary: _____

Names and addresses of members of Fellows or the Southern Psychiatric Association whose letters of recommendation are attached.

- 1. _____
- 2. _____
- 3. _____

Have you ever been deprived of your license to practice or expelled from a medical society?

() Yes () No If "YES" please explain on enclosed confidential communication.

I agree to hold the Southern Psychiatric Association, its members, officers, and agents free from any damage or complaint by reason of any action they or any of them may make in connection with this application. I have read the Constitution and bylaws.

Signature _____

Address: _____

Date: _____