

American Psychiatric Leadership (APL) Fellowship Application

First Name	Last Name
Middle Initial	Degree APA Member ID
Address	
City	State Zip
E-mail	Phone
PGY (must be PGY-2)	
Training Program	
Training Director	
Area of Interest 1)	
Area of Interest 2)	
Area of Interest 3)	
Area of Interest 4)	
Curriculum Vitae (1-3 pa may be submitted eith	following three items with your completed application: (1) Personal Statement (500 words or less), (2) ages), and (3) Letter of Recommendation (from Training Director or Department Chairperson). All items er electronically to apl@psych.org , by fax to 703-907-7852, or mailed to: American Psychiatric c/o American Psychiatric Association, 1000 Wilson Boulevard, Suite 1825, Arlington, VA, 22207
American Psychiatric Leadership (APL) Fellows may not simultaneously participate in other APA fellowships during their two-year tenure in the APL Fellowship. Please indicate any other APA Fellowships, listed below, you may have already applied to or are planning to submit an application for:	
APA Child & Adolescent Psychiatry Fellowship	
APA Public Psychiatry Fellowship	
APA Diversity Leadership Fellowship	
APA/SAMHSA Minority Fellowship APA/SAMHSA Substance Abuse Fellowship	