

Houston Psychiatric Society

1515 Hermann Drive
Houston, Texas 77004-7126
713-524-4267

Application for Membership

(please print)

TYPE OF MEMBERSHIP: GENERAL _____ MEMBER-IN TRAINING _____

NAME IN FULL: _____

DATE AND PLACE OF BIRTH: _____ CITIZENSHIP: _____

OFFICE ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ PHOE: _____

HOME ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ PHOE: _____

SOCIAL SECURITY NO: _____ FAX NO: _____ EMAIL ADDRESS: _____

COLLEGES ATTENDED, DEGRES RECEIVED AND DATES: _____

MEDICAL SCHOOLS(S) AND DATE OF GRADUATION: _____

INTERNSHIP & DATES _____

RESIDENCY (APPROVED BY AMERICAN PSYCHIATRIC ASSOCIATION) AND DATES: _____

GENERAL MEMBER APPLICANTS ONLY:

HAS COMPLETION OF YOUR RESIDENCY BEEN CERTIFIED BY YOUR TRAINING PROGRAM? _____

(Please include photocopy of your residency certificate)

If your general psychiatry residency exceeded three years or occurred in more than one training program, please clarify on an attached addendum.

POST GRADUATE STUDY AND DATES: _____

LIST DATES OF YOUR MILITARY SERVICE: _____

PROFESSIONAL ACTIVITIES PRIOR TO PSYCHIATRIC TRAINING (RESEARCH, OTHER SPECIALTIES, ETC, WITH DATES): _____

ARE YOU BOARD CERTIFIED? _____ ARE YOU BOARD ELIGIBLE? _____

DATE AND CERTIFICATE NUMBER OF BOARD CERTIFIED: _____

LICENSES IN OTHER STATES AND DATES: _____

ECFMG NUMBER AND DATE: _____

LIST OF HOSPITALS OF WHICH YOU ARE A STAFF MEMBER: _____

LIST THE NAMES OF TWO GENERAL MEMBERS OR FELLOWS OF THE HOUSTON PSYCHIATRIC SOCIETY (WHOSE PERMISSION YOU HAVE RECEIVED) FROM WHOM INFORMATION MAY BE OBTAINED REGARDING YOUR CURRENT AND PAST PROFESSIONAL STANDING AND CHARACTER (DO NOT INCLUDE PAST OR PRESENT THERAPIST).

MEMBER- IN-TRAINING APPLICANTS ONLY:

LIST THE NAME OF THE TRAINING DIRECTOR OF YOUR RESIDENCY PROGRAM AND THE NAMES OF TWO GENERAL MEMBERS OR FELLOWS OF THE HOUSTON PSYCHIATRIC SOCIETY (WHOSE PERMISSION YOU HAVE RECEIVED) FROM WHOM INFORMATION MAY BE OBTAINED REGARDING YOUR CURRENT AND PAST PROFESSIONAL STANDING AND CHARACTER (DO NOT INCLUDE PAST OR PRESENT THERAPIST).

- (1) TRAINING DIRECTOR
- (2) HPS MEMBER
- (3) HPS MEMBER

ALL APPLICANTS:

ARE YOU A MEMBER OF THE AMERICAN PSYCHIATRIC ASSOCIATION? _____ CATEGORY _____

OF WHAT LOCAL SOCIETY OR DISTRICT BRANCH (IF ANY) ARE YOU CURRENTLY A MEMBER? _____

ARE YOU A MEMBER OF HARRIS COUNTY MEDICAL SOCIETY?
_____ CLASSIFICATION: _____

HAVE YOU EVER BEEN SUBJECTED TO DISCIPLINARY ACTION BY THE FOLLOWING:

BOARD OF MEDICAL EXAMINERS	YES _____	NO _____
COUNTY/ STATE MEDICAL SOCIETY	YES _____	NO _____
HOSPITAL MEDICAL STAFF	YES _____	NO _____

HAS YOUR LICENSE(S) TO PRACTICE MEDICINE HOSPITAL STAFF PRIVILEGE(S) COUNTY MEDICAL SOCIETY MEMBERSHIP(S) EVER BEEN SUSPENDED OR REVOKED? _____

HAS YOUR APPLICATION(S) FOR STATE MEDICAL LICENSE(S), HOSPITAL STAFF PRIVILEGE(S), COUNTY MEDICAL SOCIETY MEMBERSHIP(S), BNDD OR NARCOTICS LICENSE(S), OR AMERICAN PSYCHIATRIC ASSOCIATION DISTRICT BRANCH OR LOCAL SOCIETY MEMBERSHIP(S) EVER BEEN DENIED? _____

I AGREE TO ABIDE BY THE CONSTITUTION AND BYLAWS OF THE HOUSTON PSYCHIATRIC SOCIETY. I UNDERSTAND THAT THE ORGANIZATION WILL REVIEW MY REFERENCES AND MAKE INQUIRIES ABOUT ME; AND THAT THESE ANSWERS WILL BE OBTAINED UNDER THE PLEDGE OF CONFIDENTIALITY AND THAT I AM NOT ENTITLED TO, AND WILL NOT ASK FOR DISCLOSURE OF THESE REPLIES. I WILL HOLD THE HOUSTON PSYCHIATRIC SOCIETY AND THE TEXAS DISTRICT BRANCH OF THE AMERICAN PSYCHIATRIC ASSOCIATION, ITS MEMBERS, EXAMINERS, OFFICERS, EMPLOYEES, COMMITTEES AND AGENTS FREE FROM ALL DAMAGE AND COMPLAINT BY REASON OF ANY ACTION TAKEN ON THIS APPLICATION; OR BY REASON OF ANY SUBSEQUENT ACTION ON MEMBERSHIP. I RELEASE FROM ANY LIABILITY ANY AND ALL INDIVIDUALS AND ORGANIZATIONS, WHO, IN GOOD FAITH AND WITHOUT MALICE, PROVIDED INFORMATION TO THE ABOVE NAMED MEMBERSHIP. I PLEDGE MYSELF TO HIGH STANDARDS OF ETHICAL PRACTICE AND AGREE TO UPHOLD THE CONSTITUTION, BYLAWS AND STANDARDS OF THE HOUSTON PSYCHIATRIC SOCIETY.

Signature: _____ Date: _____

Date received by Society: _____ Application Read Before Executive Board Committee On: _____

Approved for: _____ Membership at General Meeting On: _____