

RFMTE NOMINATION RELEASE FORM

Nominees for the position of Resident-Fellow Member Trustee-Elect (RFMTE) must be currently active American Psychiatric Association (APA) Resident-Fellow Member (RFM). Members must be in a resident training program prior to the commencement of the election year for which they are nominated and be in a resident training program or fellowship through the entire two (2) year term of RFMTE/RFMT. Residents elected to RFMTE and Resident-Fellow Member Trustee (RFMT) cannot, while serving as RFMTE and RFMT, simultaneously belong to or hold position on the Assembly Committee of Area RFM Representatives, any APA/American Psychiatric Association Foundation (APAF) fellowship, or as a RFM Area Representative or Deputy Representative. If the RFMTE or RFMT is no longer in training during any point of their term, he/she will forfeit their position of RFMTE or RFMT depending on when in their term this occurs. This vacancy will then be appointed by the Board of Trustees. Residents should read and endorse the following residency training statement and ethics statement if they wish to be considered for nomination for RFMTE in the upcoming election year.

I, _____, have read the above statement and plan to continue my residency training throughout the full length of my term as Resident-Fellow Member Trustee-Elect (RFMTE) and Resident-Fellow Member Trustee (RFMT). If at any time I become aware of the fact that I will no longer be in training during my term as RFMTE or RFMT, I will immediately alert the Board of Trustees of my plans so that they can take proper action.

I, _____, certify that there are no ethics charges pending against me at the local or national level.

Nominee Signature: _____ Date: _____

Residents who are being considered for nomination as a Resident-Fellow Member Trustee-Elect (RFMTE) on the American Psychiatric Association (APA) Board of Trustees must receive approval from their training director or a department chairperson before continuing in the nomination process. Should the resident listed below be nominated and elected to the position of RFMTE on the APA Board of Trustees, he/she will be required to serve a two (2) year term beginning in the month of May for the coordinating election year. Any questions or concerns regarding the nomination process or election to the Board of Trustees should be forwarded to the appropriate contact information below.

I agree that if _____, a resident in my training program, is elected to the position of Resident-Fellow Member Trustee-Elect (RFMTE) on the American Psychiatric Association Board of Trustees, I will allow him/her to honor the two (2) year commitment required of the position, Resident-Fellow Member Trustee-Elect (RFMTE), and the subsequent position, Resident-Fellow Member Trustee (RFMT), as a part of his/her training.

Director/Chairperson Signature: _____

Printed Name: _____

Title: _____ Date: _____

*Please return this form for review by the APA Nominating Committee by forwarding it to election@psych.org,
faxing it to (202) 403-3019, OR via post to 800 Maine Avenue SW, Ste 900, Washington, DC 20024.
Call (202) 609-7228 for further information.*