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Membership Sponsor Form

Mission Statement

The Academy of Psychosomatic Medicine represents psychiatrists dedicated to the advancement of medical science, education and healthcare for persons with comorbid psychiatric and general medical conditions and provides national and international leadership in the furtherance of those goals.

Vision Statement

The Academy of Psychosomatic Medicine vigorously promotes a global agenda of excellence in clinical care for patients with comorbid psychiatric and general medical conditions by actively influencing the direction and process of research and public policy and promoting interdisciplinary education.

APPLICANT: _____

Dear Colleague:

The above applicant for membership in the Academy of Psychosomatic Medicine has named you as a sponsor. Please answer the all of following questions (text fields will expand as you type; your completed form may expand to two pages):

1. How many years have you known the applicant? _____
2. Have you referred patients to the applicant? Yes No
3. Have you consulted with the applicant on difficult cases? Yes No
4. Does the applicant perform hospital-based consultations? Yes No N/A
5. Is the applicant involved in teaching? Yes No N/A
If yes, to which group? Medical students Residents/fellows Allied health professionals
6. Has the applicant participated in academic activities (grand rounds, symposia, workshops, etc.)? Yes No N/A
7. Is the applicant involved in local medical organizations? Yes No N/A
8. Is the applicant a valued member of your medical community? Yes No
9. Have you had or do you currently have direct clinical interactions with the applicant? Yes No

Recommendation (please check recommendation status):

- Recommend without reservation
- Recommend with reservation; please explain: _____
- Not recommend

Please add additional comments for the Membership Committee to consider about this applicant: _____

Sponsor's Name: _____ Title: _____

Signature (if mailing or faxing this form) _____

Relationship to Applicant: _____ Date: _____

You may e-mail this form (using your **e-mail address from your institution**) to apm@apm.org, or you may print the completed form and mail or fax to the Academy office at the address/fax number listed above. **If mailing, send this form in your letterhead envelope. If faxing, include a cover sheet on your letterhead stationery.**