



Name: _____

Highest Degree: _____

Mailing Address: _____

E-mail: _____ Tel: _____

_____ Fax: _____

Date of Birth: _____ Gender: M F

For Associate Members:

Mentor Name: _____

Mentor Email: _____

Estimated Graduation Date (MM/DD/YY): _____

Description of Professional Activity and Responsibilities:

Teaching: _____

Patient Care: _____

Research: _____

What percentage of your time do you spend in each of the following areas? (total should equal 100%)

PATIENT CARE _____ TEACHING _____ RESEARCH _____ STUDENT _____

In your present position, do you have administrative duties, e.g.: Chief of Services?

Current Discipline (please circle all that apply):

- A. Psychiatrist B. Internist C. Pediatrician D. Psychologist E. Sociologist
- F. Nurse G. Social Worker H. Epidemiologist I. Other

Interests (please circle all that apply):

- 01 Consultation 02 Behavioral Medicine 03 Psychotherapy 04 Pharmacology 05 Physiology 06 Social Systems
- 07 Biochemistry 08 Epidemiology 09 Central Nervous System 10 Cardiovascular 100 Complementary Treatment
- 11 Endocrine 12 Immunologic 13 Gastrointestinal 14 Oncology 15

Musculoskeletal 16 Metabolism 17 Pulmonary 18 Renal 19 Genitourinary 20 AIDS 21 Pain 22
Health Services Research 23 Women's Health 24 Behavioral Genetics 26 Medical Education 27 Diabetes
28 Obesity 29 Epigenetics 30 Aging 31 Sleep 99 Other

Please indicate how you learned about APS (circle all that apply):

- A. Mentor
- B. Colleague
- C. Printed Material
- D. *Psychosomatic Medicine* Journal
- E. APS Website
- F. Other, please specify _____

Did the use of the Educational Resources section of the APS website influence your decision to become a member?

Yes _____ No _____

Demographic Information

Race: American Indian ___ Asian ___ Native Hawaiian or Pacific Islander ___ African American ___
Caucasian ___ Other ___

Ethnicity: Hispanic or Latino ___ Other ___

Educational History (University, Degree, Year):
