

FORM TO BE SIGNED BY TRAINING DIRECTOR OR DEPARTMENT CHAIRPERSON:

Training directors or department chairpersons of residents who are being considered for nomination for the Member-in-Training Trustee-Elect position on APA's Board of Trustees must sign and return this form with the resident's submission.

I agree that, if Dr. _____, a resident in my training program, is elected to the position of Member-in-Training Trustee-Elect on the APA Board of Trustees, I will allow him/her to honor this two-year commitment as Member-in-Training Trustee-Elect and subsequently as Member-in-Training Trustee as a part of training.

Signed: _____
Name

Title

Date

Return this form with the resident's contact and demographic information, c.v., and personal statement for RECEIPT at APA by **August 3, 2006** to: **Pedro Ruiz, M.D., Chairperson, APA Nominating Committee, 1000 Wilson Blvd., #1825, Arlington, VA 22209-3901, Attn: Chanda Brooks, or send it by fax or e-mail to 703-907-7852 or cbrooks@psych.org.**