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| **APPLICATION FORM FOR MEMBERSHIP OF**  |
| **THE PACIFIC RIM COLLEGE OF PSYCHIATRISTS** |
| DATE |   |  |  |  |  |
| TITLE |   |  |  |  |  |
| FIRST NAME |   |   |  |  |  |
| LAST NAME |   |   |  |  |  |
| DATE OF BIRTH |   |  |  |  |  |
| COUNTRY |   | GENDER |   |  |
| CURRENT POSITION |   |   |   |   |   |
| MAILING ADDRESS |   |   |   |   |   |
|  |   |   |   |   |   |
| HOME/ MOBILE PHONE  |   |   | FAX |   |   |
| OFFICE PHONE |   |   |  |  |  |
| E-MAIL |   |   |  |  |  |
|  |  |  |  |  |  |
| SPECIALIST BOARD:  |
| 􀂉 PSYCHIATRY |   |   |   |   |   |
| 􀂉 OTHER (PLEASE SPECIFY) |   |   |   |   |   |
| DATE COMPLETED |  |  |  |  |  |
| CURRENT WORK INTERESTS: |   |   |   |   |   |
| 􀂉 CLINICAL |   |   |   |   |   |
| 􀂉 TEACHING  |   |   |   |   |   |
| 􀂉 RESEARCH  |   |   |   |   |   |
|  |  |  |  |  |  |
| SPECIALIST TRAINING |  |  |  |  |
|  |   |
|  |
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|  |
|  |   |   |   |   |   |
| QUALIFICATIONS |   |
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|  |  |  |  |  |  |
| YEARS WORKED AS A QUALIFIED PSYCHIATRIST |   |  |  |  |
|  |  |  |  |  |  |
| MEMBERSHIP OF NATIONAL ASSOCIATIONS |   |   |   |   |
|  |  |   |   |   |   |
| INTERNATIONAL ACTIVITIES  |  |  |  |  |
|  |   |
| INTEREST IN PRCP ACTIVTIES:􀂉 CONGRESS PARTICIPATION􀂉 TRAINING PROGRAMS􀂉 RESEARCH PROJECTS􀂉 ASIA PACIFIC PSYCHIATRY JOURNAL |  |
|  |  |
|  |  |  |  |  |  |
| Please return this form with your **CV** and **one passport photo** to the **PRCP Secretariat** located at: |
|  | Department of Quality Improvement, NTT MEDICAL CENTER TOKYO |
|  | 5-9-22 Higashi-godanda, Shinagawa-ku Tokyo 141-8625 JAPAN |
|  | Phone: + 81 3 3448 6508 Facsimile: + 81 3 3448 6507 Email: info@prcp.org  |
| \*PRCP recognizes World Bank Economic Categories. Please see the PRCP website for details: www.prcp.org/members.html  |