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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 | | | | | | | |