



THE AMERICAN COLLEGE OF PSYCHIATRISTS

122 S. Michigan Ave. Suite 1360 Chicago, IL 60603
Phone 312.662.1020 Fax 312.662.1025 www.ACPsych.org

2013 Award for Creativity in Psychiatric Education Application Form

**Please complete and return this application with any supporting materials to
The College by December 1, 2011:**

Chair, Education Award Committee
The American College of Psychiatrists
122 S. Michigan Ave., Suite 1360
Chicago, IL 60603
(No faxes please)

Applicant Information:

Name of person completing application: _____

Title: _____

Name of educational program: (e.g., Diversity Training Program): _____

Institution: _____

Address: _____

Address: _____

City: _____ State/Prov: _____

Zip/Postal Code: _____ Country: _____

Phone: _____ Fax: _____

E-mail Address: _____

Training Director: _____

Department Chair: _____

(please see page 2) 

Program Information (use additional space as needed):

1. Brief description of program:
2. In what way is your program creative and innovative?
3. What significant educational issue is addressed by your program?
4. What year did your program begin?
5. Have other academic centers created similar programs modeled on yours? If yes, please specify:
6. What method of self-evaluation is integrated into the program? Explain and provide sample.
7. Please attach to this application any additional narrative description or other information that would assist the Committee in evaluating your program.