

German Association  
for Psychiatry, Psychotherapy and Psychosomatics  
Member services  
Reinhardtstraße 27 B  
10117 Berlin  
Germany

## Application for membership

Fields marked with\* are required.

### PERSONAL INFORMATION \*

Title \_\_\_\_\_

Last name, first name \_\_\_\_\_

Date of birth \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Mobile telephone \_\_\_\_\_

Email address \_\_\_\_\_

I agree to inclusion of my email address in a circulation list of the DGPPN e.V. used to send information to DGPPN members.

### ADDRESS FOR CORRESPONDENCE \*

Address (work, incl. name of hospital/practice) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Address (private) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### PROFESSIONAL GROUP – SPECIALIST IN \*

<input type="checkbox"/> Psychiatry and Psychotherapy	<input type="checkbox"/> Doctor undergoing specialist training:
<input type="checkbox"/> Nervous Diseases	_____
<input type="checkbox"/> Psychosomatic Medicine and Psychotherapy	<input type="checkbox"/> Psychologist
<input type="checkbox"/> Child and Adolescent Psychiatry	<input type="checkbox"/> Psychological psychotherapist
<input type="checkbox"/> Neurology	<input type="checkbox"/> Other academic professional group:
<input type="checkbox"/> Specialist in another medical field:	_____
_____	_____

### WORKING IN \*

<input type="checkbox"/> Specialist hospital	<input type="checkbox"/> Office/practice	<input type="checkbox"/> Not working in health sector
<input type="checkbox"/> Department in general hospital	<input type="checkbox"/> Rehabilitation facility	<input type="checkbox"/> On parental leave
<input type="checkbox"/> University hospital	<input type="checkbox"/> Health insurance/public sector	<input type="checkbox"/> Seeking employment
<input type="checkbox"/> Other acute care clinic	<input type="checkbox"/> Not working in clinical care	<input type="checkbox"/> Retired

### FUNCTION \*

<input type="checkbox"/> House officer	<input type="checkbox"/> Consultant	<input type="checkbox"/> Senior psychologist
<input type="checkbox"/> Senior house officer	<input type="checkbox"/> Practice owner	<input type="checkbox"/> Research assistant not working in clinical care
<input type="checkbox"/> Specialist registrar	<input type="checkbox"/> Doctor employed in a practice	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Medical director	<input type="checkbox"/> Psychologist	

### WORK FOCUSES \*

<input type="checkbox"/> Clinical care	<input type="checkbox"/> Research	<input type="checkbox"/> Organisation
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## MAIN AREAS OF WORK \*

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Psychotherapy                   | <input type="checkbox"/> Addiction medicine              | <input type="checkbox"/> Pharmacology                      |
| <input type="checkbox"/> Talking therapy                 | <input type="checkbox"/> Social psychiatry               | <input type="checkbox"/> Pain medicine                     |
| <input type="checkbox"/> Gestalt therapy                 | <input type="checkbox"/> Gerontopsychiatry               | <input type="checkbox"/> Neurology                         |
| <input type="checkbox"/> Psychoanalysis/Depth psychology | <input type="checkbox"/> Neuropsychiatry                 | <input type="checkbox"/> Consulting and liaison psychiatry |
| <input type="checkbox"/> Behavioural therapy             | <input type="checkbox"/> Sleep medicine                  | <input type="checkbox"/> General psychiatry                |
| <input type="checkbox"/> Forensic psychiatry             | <input type="checkbox"/> Child and adolescent psychiatry | <input type="checkbox"/> Other: _____                      |
| <input type="checkbox"/> Psychosomatics                  |  |  |

## ADDITIONAL QUALIFICATIONS

- |  |   |   |
|--|---|---|
| <i>Additional training<br/>(according to Further Training Ordinance)</i> | <input type="checkbox"/> Quality management | <i>Focal point (Further Training Ordinance)</i>   |
| <input type="checkbox"/> Psychotherapy                                   | <input type="checkbox"/> Rehabilitation     | <input type="checkbox"/> Forensic psychiatry  |
| <input type="checkbox"/> Psychoanalysis                                  | <input type="checkbox"/> Social medicine    | <i>DGPPN certificates</i>   |
| <input type="checkbox"/> Sleep medicine                                  | <input type="checkbox"/> Traffic medicine   | <input type="checkbox"/> Psychiatry, psychotherapy and psychosomatics in consulting and liaison service |
| <input type="checkbox"/> Basic care in addiction medicine                | <input type="checkbox"/> Other: _____       | <input type="checkbox"/> Forensic psychiatry  |
| <input type="checkbox"/> Geriatrics                                      |   | <input type="checkbox"/> Gerontopsychiatry  |

## MEMBERSHIPS (OTHER SCIENTIFIC OR PROFESSIONAL ASSOCIATIONS)

- |                                |                               |                                |                               |   |                                       |
|--------------------------------|-------------------------------|--------------------------------|-------------------------------|---|---------------------------------------|
| <input type="checkbox"/> ACKPA | <input type="checkbox"/> BVDN | <input type="checkbox"/> DGGPP | <input type="checkbox"/> DGPs | <input type="checkbox"/> Hartmannbund   | <input type="checkbox"/> ÖGPP         |
| <input type="checkbox"/> AGNP  | <input type="checkbox"/> BVDP | <input type="checkbox"/> DGKJP | <input type="checkbox"/> DGPT | <input type="checkbox"/> LIK            | <input type="checkbox"/> SGPP         |
| <input type="checkbox"/> BDk   | <input type="checkbox"/> DGBP | <input type="checkbox"/> DGN   | <input type="checkbox"/> DGSP | <input type="checkbox"/> LIPPs          | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> BDN   | <input type="checkbox"/> DGBS | <input type="checkbox"/> DGPM  | <input type="checkbox"/> DKPM | <input type="checkbox"/> Marburger Bund |                                       |

## FEE CATEGORY ACCORDING TO THE MEMBERSHIP FEE SCALE FROM 01/01/2020 \*

- |   |       |
|---|-------|
| <input type="checkbox"/> Employed doctor, psychologist (e.g. assistant physician)                 | € 190 |
| <input type="checkbox"/> Employed doctor, psychologist (e.g. chief physician or senior physician) | € 290 |
| <input type="checkbox"/> Practice-based doctor, psychologist                                      | € 290 |
| <input type="checkbox"/> Retired or currently not working (please provide proof)                  | € 140 |

Fees for members of other academic professions will be determined by analogy with the above groups.

- Cooperative member

(Legal persons, associations, etc. € 250 – € 1000, depending on the size of the organisation. Fee for cooperative members will be based on the number of members.)

PLACE, DATE

SIGNATURE

With my signature, I accept the statutes and membership fee scale of the DGPPN e.V. and confirm that my information is complete and correct. I agree to the DGPPN storing and processing my professional details for administrative purposes as well as including and publishing this information in the electronic membership directory in the closed premium area for members.

New membership in the DGPPN entitles me to free participation in the DGPPN congress in my first year of membership. Participation is only free if I remain a DGPPN member for at least two years. Former members can take advantage of the above mentioned regulation (free congress participation) again if at least two years have lapsed between the cancellation (effective 31.12.) and new membership application.

The application for membership may be withdrawn within 14 days of conclusion of the contract. To do so it is sufficient to send an email to [mitgliederservice@dgppn.de](mailto:mitgliederservice@dgppn.de).

PLACE, DATE

SIGNATURE

**Consent to data storage.** I agree that my personal data will be stored by the DGPPN e. V. These data will be used solely for statutory purposes of the Association; they will only be transmitted to Springer for distribution of the *Nervenarzt*; data protection regulations will be observed.

## SEPA DIRECT DEBIT MANDATE

With my signature, I give the DGPPN e.V. (creditor ID: DE50ZZZ00000048345) revocable authorisation to debit the annual subscription from my account. At the same time, I hereby instruct my payment service provider to honour the direct debits made from my account by DGPPN e.V.

**Note:** I can demand a refund of the amount debited within eight weeks from the date of the debit. The terms and conditions agreed with my payment service provider shall apply. Any bank charges shall be borne by the member.

Financial institution

Account holder (if different)

IBAN

BIC

Signature