



APPLICATION FOR ACTIVE MEMBERSHIP
For Psychoanalytic Graduates of the William Alanson White Institute

*We are pleased that you are considering applying for membership. Please complete all parts of this form and submit it along with the \$75 application fee to the American Psychoanalytic Association (address below). The deadline dates are **MAY 15TH** for review by the Membership Requirements and Review Committee (MRRC) at APsaA's Annual Meeting (June) and **DECEMBER 15TH** for consideration at APsaA's National Meeting (January).*

(PLEASE TYPE OR PRINT)

I. PERSONAL:

NAME: _____ TITLE/DEGREE: _____

MAILING ADDRESS:
(please include zip + 4 digits)

OFFICE PHONE: _____ FAX NUMBER: _____

HOME PHONE: _____ CELL NUMBER: _____

E-MAIL ADDRESS: _____

II. GRADUATE EDUCATION:

GRADUATE SCHOOL/MEDICAL SCHOOL: _____ YEAR OF GRAD: _____
DEGREE

PSYCHIATRIC RESIDENCY/
CLINICAL INTERNSHIPS: _____

OTHER GRADUATE TRAINING: _____ YEAR OF GRAD: _____
DEGREE

CERTIFICATION BY PROFESSIONAL BOARD (Type/Date): _____

CURRENT PROFESSIONAL LICENSE: _____ STATE: _____ DATE: _____
NUMBER FIELD

III. PSYCHOANALYTIC TRAINING:

1. ADULT PSYCHOANALYTIC TRAINING:

INSTITUTE: _____

MATRICULATION DATE: _____ GRADUATION DATE: _____

MEMBER WILLIAM ALANSON WHITE INSTITUTE/SOCIETY: Yes / No

OTHER SOCIETY AFFILIATION(S): _____

IV. ETHICAL DISCLAIMER:

I hereby certify that to my knowledge:

1. Have there ever been any findings of unethical or unprofessional conduct?

No / Yes

2. Are there any current or pending charges or allegations of unethical or unprofessional conduct?

No / Yes

If you answered Yes to either question, please explain (*add pages if needed*).

SIGNATURE: _____ **DATE:** _____

Applicant

V. PSYCHOANALYTIC TRAINING VERIFICATION

I hereby certify that the applicant's educational experience regarding training psychoanalysis, supervisory work, course work and graduation are in accordance with the records of the William Alanson White Institute and further certify that to the best of my knowledge the character and professional ethics of the applicant are compatible with Active Membership in the American Psychoanalytic Association.

SIGNATURE: _____ **DATE:** _____

Director of William Alanson White Institute

/dsw Final version approved by Council 1-17-2013
rv 12/15/14 removed III.2.Child Psa Training (not applicable).

