



CURRICULUM VITAE
For Appointment as
CHILD/ADOLESCENT SUPERVISING ANALYST

DATE _____

NAME _____

ADDRESS _____

INSTITUTE _____

I. EDUCATION

- 1. Highest Graduate Degree _____ Year _____ Institution/College _____
2. Certification/ License by Professional Boards Dates: _____
3. Certified by APsAA Board on Professional Standards: Child/Adolescent Year: _____

II. PSYCHOANALYTIC EDUCATION

- 1. Training Analyst _____ #Hrs. _____ Year _____ To _____
2. Matriculation in Child/Adolescent Analysis: Institute _____ Year _____

3. Supervised Child/Adolescent Cases: Year Begun _____

Child/Adolescent Case # Dx Age Supervising Analyst #Hrs. Supervision

- a. _____
b. _____
c. _____
d. _____
e. _____
f. _____

4. Graduation in Child/Adolescent Analysis - Institute _____ Year _____



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- 3. Total Number of Child/Adolescent Patients Treated Starting with First Case in Supervision _____
- Total Number Male Children _____ Female Children _____
- Total Number Male Adolescents _____ Female Adolescents _____
- Total Number Cases Lasting 400 Hours or more _____
- Total Number Terminated _____
- Total Number Interrupted _____
- Total Number Currently in Treatment _____

IV. PSYCHOANALYTIC ACTIVITY

- 1. Membership in Affiliate Society _____ Year _____
- 2. Membership in American Psychoanalytic Association _____ Year _____
- 3. Appointed as Associate Supervising Analyst in Child Analysis _____ Year _____
- 4. Post-Graduate Education (formal courses or study groups)

- 5. Teaching Assignments, Local Institute

- 6. Committees and Offices, Local Institute _____



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7. Committees and Offices, American Psychoanalytic Association _____

8. Committees and Offices, International Psychoanalytical Association _____

9. Other Activities Relevant to Child/Adolescent Psychoanalysis _____

V. PRESENTATIONS (For More Space, Use Separate Sheet)

VI. PUBLICATIONS (For More Space, Use Separate Sheet)



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VII.

1. Ethics

I hereby certify that to my knowledge there have never been any charges of violations of professional ethics or charges of unprofessional conduct brought against me. (Amplify if necessary)

Signature: _____ Date: _____

2. Competency

I hereby certify that to my knowledge I have no mental or physical impairment that would adversely affect my ability to clinically practice competently or teach psychoanalysis competently.

Signature: _____ Date: _____

3. Licensure

I am licensed in the State of _____ by (Board)

My license number is: _____

Signature: _____ Date: _____