



APPLICATION FOR APPOINTMENT AS:
[] GEOGRAPHIC RULE TRAINING ANALYST
[] GEOGRAPHIC RULE SUPERVISING ANALYST

DATE _____

NAME _____

ADDRESS _____

INSTITUTE/CENTER _____

I. Education

Table with 5 columns: 1., Medical or Other Graduate Degree, Year, College, Year

Table with 4 columns: 2., Certification by other Professional Boards:, Dates:, Adult:, Child/Adolescent:

II. Psychoanalytic Education

Table with 5 columns: A., Personal Analyst, Name of Analyst or Institute/Center, #Hrs., Year To

Table with 4 columns: D., Graduation in Adult Analysis, E., Graduation in Child Analysis, Institute/Center, Year

Table with 4 columns: F., Membership in Affiliate Society, G., Membership in the American Psychoanalytic Association, Membership, Year

Table with 4 columns: H., Certified by APsAA Board on Professional Standards, I., Appointed to Training Analyst, J., Appointed to Supervising Analyst in Adult Analysis, K., Appointed to Supervising Analyst in Child Analysis, Institute/Center, Year Adult/Child

NAME _____

For Appointment as:
Geographic Rule Training &/or Supervising Analyst

INSTITUTE/CENTER: _____

III. 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: _____

IV. 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: _____

V. Licensure

I am licensed in the State of _____ by (Board) _____	
My license number is: _____	
Signature: _____	Date: _____

VI. Confirmation of Current Active Status as a Training and/or Supervising Analyst

I hereby certify that I am currently an active Training and/or Supervising Analyst at the _____ Institute/Center.	
Signature: _____	Date: _____