



DATE:

TO: Secretary/Membership Services
The American Psychoanalytic Association

INSTITUTE/CENTER:

RE: **Notification of Graduation**

THE FOLLOWING CANDIDATE HAS SATISFACTORILY COMPLETED OUR COURSE OF TRAINING IN PSYCHOANALYSIS AND HAS GRADUATED:

.....

DATE:

NAME:

ADDRESS:

PHONE:

(Authorized Signature)

NATIONAL OFFICE USE ONLY	
Member Type: CANDM Non	Date Invite Mailed: ___/___/___ Update D/B Y/N Init: ___
<small>rv 7/2014</small>	