



DATE:

TO: Secretary/Membership Services
The American Psychoanalytic Association

INSTITUTE/CENTER:

RE: **Notification of Graduation**

THE FOLLOWING CANDIDATE HAS SATISFACTORILY COMPLETED OUR
NON-CLINICAL / ACADEMIC COURSE OF TRAINING IN PSYCHOANALYSIS:

.....

DATE:

NAME:

ADDRESS:

PHONE:

(Authorized Signature)

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Member Type: AACAND	Non	Date Invite Mailed: ___/___/___	Update D/B Y/N Init: ___

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