



**INSTITUTE APPLICATION FOR  
A WAIVER OF THE REQUIREMENT FOR A TRAINING ANALYST AS THE PERSONAL ANALYST**

**SUBMISSION DEADLINE DATES:**

- **DECEMBER 1** for the January Meeting
- **MAY 1** for the June Meeting

**SUBMISSION PROCEDURES**

The procedural steps an institute should take in filing a waiver are:

- A. File the Institute's Procedure for a Waiver of the requirement for a Training Analyst as the Personal Analyst with the Committee on Institutes.
- B. Once the procedure is approved by the Subcommittee, please submit the waiver application. Make 3 copies of the waiver application and send 1 completed waiver application to each of the Co-Chairs of the Committee on Institutes (COI) and to the National Office.

**New:** When sending applications to the committee chairs, please only use a mail service that does not require a delivery signature -OR- only request "No Signature Required" for delivery. When a signature is required, typically patient sessions are interrupted or the chairs have to make a special trip to the post office to retrieve it. Usually US mail (priority or otherwise), can be left in a mailbox but Certified US mail requiring a signature is not okay. If you feel uncomfortable about sending something without a signature, please send the committee chairs an email to confirm receipt.

Send 1 copy each to:

**Ingrid Pisetsky, M.D., Co-Chair, COI**  
1601 Hermitage Ct  
Durham, NC 27707-1636

**Gail C. Eisenberg, M.D., Co-Chair, COI** *(New October 2015)*  
3321 SW 58th St  
Fort Lauderdale, FL 33312-6366

**Debra Steinke Wardell**  
American Psychoanalytic Association  
309 E 49<sup>th</sup> Street  
New York, NY 10017





**APPLICATION FOR A WAIVER OF THE REQUIREMENT FOR A TRAINING ANALYST AS  
THE PERSONAL ANALYST**

DATE: \_\_\_\_\_

**I. Please supply the following information about the personal analyst.**

NAME: \_\_\_\_\_

INSTITUTE: \_\_\_\_\_

A. Medical or Other Graduate Degree \_\_\_\_\_ Year \_\_\_\_\_  
College or University \_\_\_\_\_ Year \_\_\_\_\_

B. License Number \_\_\_\_\_ by (Board) \_\_\_\_\_ State \_\_\_\_\_

C. Psychoanalytic Institute where trained \_\_\_\_\_ Graduation Date \_\_\_\_\_

D. Membership in American Psychoanalytic Association \_\_\_\_\_ Date \_\_\_\_\_

E. Membership in International Psychoanalytical Association \_\_\_\_\_ Date \_\_\_\_\_

F. Please state the date (month and year) the personal analysis began \_\_\_\_\_  
(The waiver cannot be processed without this information).

### G. Psychoanalytic Practice

1. Please fill in the information for each case.

Case a:

Sex \_\_\_\_\_ Age \_\_\_\_\_ Diagnosis \_\_\_\_\_

Beginning date of analysis \_\_\_\_\_ Ending date\* \_\_\_\_\_

Case b:

Sex \_\_\_\_\_ Age \_\_\_\_\_ Diagnosis \_\_\_\_\_

Beginning date of analysis \_\_\_\_\_ Ending date\* \_\_\_\_\_

Case c:

Sex \_\_\_\_\_ Age \_\_\_\_\_ Diagnosis \_\_\_\_\_

Beginning date of analysis \_\_\_\_\_ Ending date\* \_\_\_\_\_

Case d:

Sex \_\_\_\_\_ Age \_\_\_\_\_ Diagnosis \_\_\_\_\_

Beginning date of analysis \_\_\_\_\_ Ending date\* \_\_\_\_\_

Case e:

Sex \_\_\_\_\_ Age \_\_\_\_\_ Diagnosis \_\_\_\_\_

Beginning date of analysis \_\_\_\_\_ Ending date\* \_\_\_\_\_

Case f:

Sex \_\_\_\_\_ Age \_\_\_\_\_ Diagnosis \_\_\_\_\_

Beginning date of analysis \_\_\_\_\_ Ending date\* \_\_\_\_\_

Case g:

Sex \_\_\_\_\_ Age \_\_\_\_\_ Diagnosis \_\_\_\_\_

Beginning date of analysis \_\_\_\_\_ Ending date\* \_\_\_\_\_

Case h:

Sex \_\_\_\_\_ Age \_\_\_\_\_ Diagnosis \_\_\_\_\_

Beginning date of analysis \_\_\_\_\_ Ending date\* \_\_\_\_\_

Case i:

Sex \_\_\_\_\_ Age \_\_\_\_\_ Diagnosis \_\_\_\_\_

Beginning date of analysis \_\_\_\_\_ Ending date\* \_\_\_\_\_

Case j:

Sex \_\_\_\_\_ Age \_\_\_\_\_ Diagnosis \_\_\_\_\_

Beginning date of analysis \_\_\_\_\_ Ending date\* \_\_\_\_\_

*\*indicate interruption (I) or termination (T)*





**APPLICATION FOR A WAIVER OF THE REQUIREMENT FOR A TRAINING ANALYST AS  
THE PERSONAL ANALYST**

NAME:

INSTITUTE:

**H.**

**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:

**SAMPLE PAGE**

**F. Psychoanalytic Practice**

1. Please fill in the information for each case.

Case a:

Sex Male Age 35 Diagnosis Obsessional Character

Beginning date of analysis 2/1996 Ending date\* 4/2002 (T)

Case b:

Sex Female Age 32 Diagnosis Hysterical Character

Beginning date of analysis 10/1997 Ending date\* \_\_\_\_\_

Case c:

Sex Female Age 29 Diagnosis Anxiety Hysteria

Beginning date of analysis 5/1999 Ending date\* 3/2005 (T)

Case d:

Sex Male Age 33 Diagnosis Neurotic Depression

Beginning date of analysis 9/2001 Ending date\* \_\_\_\_\_

Case e:

Sex Male Age 41 Diagnosis Narcissistic Personality Disorder

Beginning date of analysis 1/2002 Ending date\* 12/2004 (I)

Case f:

Sex Female Age 30 Diagnosis Conversion Hysteria

Beginning date of analysis 4/2003 Ending date\* \_\_\_\_\_

Case g:

Sex Male Age 36 Diagnosis Obsessional Neurosis

Beginning date of analysis 3/2004 Ending date\* \_\_\_\_\_

Case h:

Sex \_\_\_\_\_ Age \_\_\_\_\_ Diagnosis \_\_\_\_\_

Beginning date of analysis \_\_\_\_\_ Ending date\* \_\_\_\_\_

Case i:

Sex \_\_\_\_\_ Age \_\_\_\_\_ Diagnosis \_\_\_\_\_

Beginning date of analysis \_\_\_\_\_ Ending date\* \_\_\_\_\_

Case j:

Sex \_\_\_\_\_ Age \_\_\_\_\_ Diagnosis \_\_\_\_\_

Beginning date of analysis \_\_\_\_\_ Ending date\* \_\_\_\_\_

*\*indicate interruption (I) or termination (T)*

