

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 in 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 49th Street New York, NY 10017



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

| 1. Please describe the Institute's method for appointing the analysts who will evaluate the waiver request. |
|---|
| 2. Please describe the Institute's procedure for evaluating waiver requests. This should include a review of reasons for a request including the length of the analysis at the time of the application (requests are considered for analyses that have been ongoing for at least a year) and the methods for evaluating the immersion, suitability and ethical requirements for the personal analyst. |
| 3. Please describe the Institute's appeals process for waiver requests that have been turned down by the local committee. |



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

| | DATE: |
|---|-------------------|
| I. Please supply the following information about the p | personal analyst. |
| NAME: | _ |
| INSTITUTE: | _ |
| | |
| A. Medical or Other Graduate Degree Yea | ar |
| 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 Associa | ation Date |
| F. Please state the date (month and year) the personal a (The waiver cannot be processed without this information). | nalysis began |



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

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: | 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

G. Psychoanalytic Practice (continued)

2. Please fill in the form below with the years in which the patients were seen, how many hours a week and total number of hours they were seen a year.

| Year | | | | | | | | | | | | | | | | | | | | | | |
|-----------|----------|------|----|-------------|----|-------|------|---|-------|----|-------|---|-------|------|-------------|----|------|------|-------|------|------|------|
| | Hours Ho | | Но | Hours Hours | | rs Ho | | | Hours | | Hours | | Hours | | Hours Hours | | | | Hours | | Нс | ours |
| Case # | Wk | Yr W | k | Yr | Wk | Yr W | /k Y | r | Wk | Yr | Wk Y | r | Wk Y | r Wk | | Yr | Wk Y | r Wk | | Yr W | /k ` | Yr |
| а | | | | | | | | | | | | | | | | | | | | | | |
| b | | | | | | | | | | | | | | | | | | | | | | |
| С | | | | | | | | | | | | | | | | | | | | | | |
| d | | | | | | | | | | | | | | | | | | | | | | |
| е | | | | | | | | | | | | | | | | | | | | | | |
| f | | | | | | | | | | | | | | | | | | | | | | |
| g | | | | | | | | | | | | | | | | | | | | | | |
| h | | | | | | | | | | | | | | | | | | | | | | |
| i | | | | | | | | | | | | | | | | | | | | | | |
| j | | | | | | | | | | | | | | | | | | | | | | |

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

| | NAME: |
|--|------------|
| | INSTITUTE: |
| | |
| 1. Ethics | |
| I hereby certify that to my knowledge there have no ethics or charges of unprofessional conduct brought | |
| Signature: | Date: |
| 2. Competency | |

I hereby certify that to my knowledge I have no mental or physical impairment that would adversely

Date:

affect my ability to clinically practice competently or teach psychoanalysis competently.

RV 3/2/2011

H.

1. Ethics

Signature:

2. Competency

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 <u>Female</u> Age <u>32</u> Diagnosis <u>Hysterical Character</u> |
| Beginning date of analysis 10/1997 Ending date* |
| Case c: Sex <u>Female</u> Age <u>29</u> Diagnosis <u>Anxiety Hysteria</u> |
| Beginning date of analysis 5/1999 Ending date* 3/2005 (T) |
| Case d: Sex Male Age 33 Diagnosis Neurotic Depression |
| Beginning date of analysis <u>9/2001</u> 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)

SAMPLE PAGE

F. Psychoanalytic Practice (continued)

2. Please fill in the form below with the years in which the patients were seen, how many hours a week and total number of hours they were seen a year.

| Year | | | 2002 200 | | 3 | 200 | 4 | | 2005 | | | | | | | | | | | | | |
|-----------|----|------|----------|--------|-----|------|------|-----|-------|-----|-------|---|-------|------|-------------|----|------|-------|--|------|------|----|
| | | | Но | urs Ho | urs | Но | urs | | Hours | | Hours | | Hours | | Hours Hours | | | Hours | | Но | ours | |
| Case # | Wk | Yr W | /k | Yr | Wk | Yr W | /k Y | ſr | Wk | Yr | Wk Y | r | Wk Y | r Wk | | Yr | Wk Y | r Wk | | Yr W | /k ` | Yr |
| а | 5 | 212 | 4 | 128 | | | | | | | | | | | | | | | | | | |
| b | 5 | 220 | 5 | 210 | 5 | 212 | 5 | 205 | 4 | 187 | | | | | | | | | | | | |
| С | 4 | 175 | 4 | 170 | 4 | 170 | 4 | 165 | 4 | 45 | | | | | | | | | | | | |
| d | | | 4 | 182 | 5 | 215 | 5 | 212 | 5 | 206 | | | | | | | | | | | | |
| е | | | 5 | 108 | 5 | 210 | 4 | 80 | | | | | | | | | | | | | | |
| f | | | | | 4 | 48 | 5 | 207 | 5 | 203 | | | | | | | | | | | | |
| g | | | | | | | 4 | 60 | 5 | 200 | | | | | | | | | | | | |
| h | | | | | | | | | | | | | | | | | | | | | | |
| i | | | | | | | | | | | | | | | | | | | | | | |
| j | | | | | | | | | | | | | | | | | | | | | | |