



**AMERICAN PSYCHOANALYTIC ASSOCIATION  
CURRICULUM VITAE**

DATE \_\_\_\_\_

**APPLICATION FOR APPOINTMENT AS:**

**ADULT TRAINING ANALYST**

**ADULT SUPERVISING ANALYST**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

INSTITUTE/CENTER \_\_\_\_\_

**I. Education**

1.	Medical or Other Graduate Degree	Year	College	Year

2.	Certification by other Professional Boards:		
	Dates:	<u>Adult:</u>	<u>Child/Adolescent:</u>

**II. Psychoanalytic Education**

	Name of Analyst or Institute/Center	#Hrs.	Years
A.	Personal Analyst		To
B.	Training Analyst		To
C.	Matriculation		
D.	Child Analysis Curriculum		
E.	Supervision – Year Begun		Adult: Child:

	Institute/Center	Year
F.	Graduation in Adult Analysis	
G.	Graduation in Child Analysis	

H.	Cases Supervised	
Adult Case #	Supervising Analyst	#Hrs. Supervision

Child & Adolescent Case #	Patient's Age	Supervising Analyst	#Hrs. Supervision



For Appointment as:  
**Adult Training &/or Supervising Analyst**

NAME \_\_\_\_\_

**III. Psychoanalytic Activity (continued)**

4. Committees and Offices, International Psychoanalytical Association

**IV. Publications** (For additional space please use a separate sheet)

**V Psychoanalytic Practice**

List analysands by number in sequence of beginning date for past five academic years (ending June 30) or years (with at least 2 cases per year) necessary for 3000 hours of immersion. Give total hours under the ending date and indicate interruption (I) or termination (T). Use lower case letters to tag anything that would be important to explain at the bottom of the page (i.e., supervision; reason for interruptions or significant change in frequency, etc.). Please note that all control cases post-graduation, whether supervised or not, do count towards immersion. Also it is required to have at least two cases which have started independently after graduation and have continued for at least three years. Experience with termination and patients of both sexes is also required. Patients seen less than four times a week do not count toward immersion.

A. ADULT Please Fill in Appropriate Years to Complete the Data.							YEAR ➔										
Case #	Age	Sex	Diagnosis	Begin Date	End Date	I or T*	TOTAL HOURS	Hours		Hours		Hours		Hours		Hours	
								Wk	Yr	Wk	Yr	Wk	Yr	Wk	Yr	Wk	Yr

\* Interruption (I) or Termination (T)



<b>B. CHILD</b> Please Fill in Appropriate Years to Complete the Data.								<b>YEAR</b> ☞									
<b>Case #</b>	<b>Age</b>	<b>Sex</b>	<b>Diagnosis</b>	<b>Begin Date</b>	<b>End Date</b>	<b>I or T*</b>	<b>TOTAL HOURS</b>	<b>Hours</b>		<b>Hours</b>		<b>Hours</b>		<b>Hours</b>		<b>Hours</b>	
								<b>Wk</b>	<b>Yr</b>	<b>Wk</b>	<b>Yr</b>	<b>Wk</b>	<b>Yr</b>	<b>Wk</b>	<b>Yr</b>	<b>Wk</b>	<b>Yr</b>

\* Interruption (I) or Termination (T)

<b>CHILD (continued)</b> Please Fill in Appropriate Years to Complete the Data.								<b>YEAR</b> ☞									
<b>Case #</b>	<b>Age</b>	<b>Sex</b>	<b>Diagnosis</b>	<b>Begin Date</b>	<b>End Date</b>	<b>I or T*</b>	<b>TOTAL HOURS</b>	<b>Hours</b>		<b>Hours</b>		<b>Hours</b>		<b>Hours</b>		<b>Hours</b>	
								<b>Wk</b>	<b>Yr</b>	<b>Wk</b>	<b>Yr</b>	<b>Wk</b>	<b>Yr</b>	<b>Wk</b>	<b>Yr</b>	<b>Wk</b>	<b>Yr</b>

\* Interruption (I) or Termination (T)

C. ADOLESCENT Please Fill in Appropriate Years to Complete the Data.								YEAR									
Case #	Age	Sex	Diagnosis	Begin Date	End Date	I or T*	TOTAL HOURS	Hours		Hours		Hours		Hours		Hours	
								Wk	Yr	Wk	Yr	Wk	Yr	Wk	Yr	Wk	Yr

\* Interruption (I) or Termination (T)

ADOLESCENT (continued) Please Fill in Appropriate Years to Complete the Data.								YEAR									
Case #	Age	Sex	Diagnosis	Begin Date	End Date	I or T*	TOTAL HOURS	Hours		Hours		Hours		Hours		Hours	
								Wk	Yr	Wk	Yr	Wk	Yr	Wk	Yr	Wk	Yr

\* Interruption (I) or Termination (T)

For Appointment as:  
**Adult Training &/or Supervising Analyst**

NAME \_\_\_\_\_

**V. Psychoanalytic Practice (continued)**

d.

Total Number of Analytic Patients Treated 4x/Week Starting with First Case in Supervision	
Total Number of Males	
Total Number of Females	
Total Number Lasting at Least 400 Hours	
Total Number Interrupted	
Total Number Terminated	
Total Number Still in Treatment	

e. Profile of Diagnoses

Primary Diagnosis	Approx. Number of Patients
Anxiety Disorder	
Depression	
Obsessional Neurosis or Character	
Hysterical Neurosis or Character	
Phobic Neurosis or Character	
Psychosomatic Disorder	
Borderline Character Disorder	
Other (Specify) <u>Specify Diagnosis</u>	
Other (Specify) <u>Specify Diagnosis</u>	
Other (Specify) <u>Specify Diagnosis</u>	





NAME \_\_\_\_\_

INSTITUTE/CENTER \_\_\_\_\_

For Appointment as:

- Adult Training Analyst**
- Adult Supervising Analyst**

**VI.**

**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: _____

**3. Licensure**

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

**SAMPLE PAGE – EXAMPLE ON HOW TO COMPLETE SECTION V.**

**V. Psychoanalytic Practice**

List analysands by number in sequence of beginning date for past five academic years (ending June 30) or years (with at least 2 cases per year) necessary for 3000 hours of immersion. Give total hours under the ending date and indicate interruption (I) or termination (T). Use lower case letters to tag anything that would be important to explain at the bottom of the page (i.e., supervision; reason for interruptions or significant change in frequency, etc.). Please note that all control cases post-graduation, whether supervised or not, do count towards immersion. Also it is required to have at least two cases which have started independently after graduation and have continued for at least three years. Experience with termination and patients of both sexes is also required. Patients seen less than four times a week do not count toward immersion.

A. ADULT Please Fill in Appropriate Years to Complete the Data.							YEAR ↻	2011		2012		2013		2014		2015	
Case #	Age	Sex	Diagnosis	Begin Date	End Date	I or T*	TOTAL HOURS	Hours		Hours		Hours		Hours		Hours	
								Wk	Yr	Wk	Yr	Wk	Yr	Wk	Yr	Wk	Yr
1 (a)	35	M	Obsessional Character	2/2006	4/2012	T	1,048	5	212	4	128						
2	32	F	Hysterical Character	10/2007				5	220	5	210	5	212	5	205	4	187
3	29	F	Anxiety Hysteria	5/2010	3/2015	T	910	4	175	4	170	4	170	4	165	4	45
4	33	M	Neurotic Depression	9/2012						4	60	5	215	5	212	5	206
5 (b)	41	M	Narcissistic Personality Disorder	5/2012	12/2014	I	398			5	108	5	210	4	80		
6 (c)	30	F	Conversion Hysteria	4/2013								4	48	5	207	5	203
7	36	M	Obsessional Neurosis	3/2014										4	60	5	200
(a)			25 hrs of supervision with Dr. Sloane 9/2006 - 12/2007.														
(b)			Transferred to another therapist for psychotherapy.														
(c)			Changed to 3 hrs/wk from 1/2014 – 4/2014 due to temporary job restrictions.														

\* Interruption (I) or Termination (T)