

Psychoanalyst-In-Training Member Acceptance & Information Form

American
Psychoanalytic
Association

For Candidates in Clinical Psychoanalytic Training at an IPA Component Society

IPA Society completes Page 2. IPA Society may return this page by scan/email directly to membership@apsa.org or mail to: APSA, 122 East 42nd St Ste 2310, New York, NY 10168-0002

Questions? Contact APSA's Membership Services: 212-752-0450 • membership@apsa.org

Name of Applicant for APsA Psychoanalyst-In-Training Membership(Candidate):	Training Verification Page For completion by IPA Society
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**INSTITUTE OF A COMPONENT SOCIETY OR PROVISIONALLY APPROVED COMPONENT SOCIETY
OF THE INTERNATIONAL PSYCHOANALYTICAL ASSOCIATION (IPA)**

- I hereby certify that the applicant is a candidate accepted for clinical training or is receiving clinical training in psychoanalysis at this Component Society of the IPA. I further certify that the candidate is in good standing at the Institute/Society and to the best of my knowledge the character and professional ethics of the applicant are compatible with membership as a Candidate Member of the American Psychoanalytic Association (APSA). Candidate Membership is contingent upon the applicant remaining a candidate in training.
- Therefore, I confirm that this Component Society of the IPA will inform APSA if this candidate graduates from clinical psychoanalytic training or is no longer a candidate in clinical training.

Signature (Director or President of IPA Component Society):

Date:



Print Name and Title:

Name of Component Society of IPA:

Telephone:

Society Address:

Email:

Use Below for Future Correspondence to APSA: Please make a copy of this form to keep in the candidates' file for future notifications.

GRADUATION NOTIFICATION

This is to confirm that the following candidate has Satisfactorily Completed Our Course of Training in Clinical Psychoanalysis and has Graduated:

Candidates' Name:

GRADUATION Date:

Candidates' Current Mailing Address:

Candidates' Current Email/Phone:

Representative of Component Society of IPA (Name & Title):

Comments:

Authorized Signature:

Today's Date:



RESIGNATION/DROPPED NOTIFICATION

Please be advised that the following candidate has been dropped or has resigned and is no longer a candidate in our clinical psychoanalytic training program:

Candidates' Name:

Date of DROP/RESIGNATION:

Candidates' Current Mailing Address:

Candidates' Current Email/Phone:

Representative of Component Society of IPA (Name & Title):

Comments:

Authorized Signature:

Today's Date:

