



APPLICATION for PSYCHOANALYST CLINICAL MEMBERSHIP

For Graduates of APSA Approved Training Institutes

INSTRUCTIONS

Applicant: Please forward completed application along with this form to the Institute/Center for verification.

Institute/Center: Please return this completed page by scan/email directly to APSA to membership@apsa.org or mail to: American Psychoanalytic Association, 122 East 42nd St Ste 2310, New York, NY 10168-0002 | Return as soon as possible. Thank you!

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

Name of Applicant for Psychoanalyst Member:
APSA Institute/Center Name:

PSYCHOANALYTIC TRAINING VERIFICATION

I hereby certify that the candidate's educational experience regarding training in clinical psychoanalysis, supervisory work, course work and graduation are in accordance with APSA's *Standards & Principles for Psychoanalytic Education* and with the records of this Institute/Center; and further certify that to the best of my knowledge the character and professional ethics of the applicant are compatible with Psychoanalyst Clinical Membership in the American Psychoanalytic Association.

Signature (APSA Institute/Center Director or Chair, Education Committee): ☞	Date:
Print Name and Title:	