



**APPLICATION for
PSYCHOANALYST CLINICAL MEMBER**
For Members of the International Psychoanalytical Association or
Graduates of Institutes of Component Societies of the IPA

INSTRUCTIONS

Applicant: Please forward completed application along with this form to the Institute of the IPA Component Society for verification. If you are not currently a member of an IPA Society, please obtain the signature of the President or Director of the IPA institute from which you graduated.

IPA Society: Please return this completed page by scan/email directly to APsA to membership@apsa.org or mail to: American Psychoanalytic Association, 122 E 42nd St Ste 2310, New York, NY 10168
Return as soon as possible. Thank you!

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

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| Name of Applicant for APsA Psychoanalyst Member: |
| IPA Society Name: |

PSYCHOANALYTIC TRAINING VERIFICATION

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| <input type="checkbox"/> I hereby certify that the candidate's educational experience regarding training in clinical psychoanalysis, supervisory work, course work and graduation are in accordance with the IPA's training standards and the records of this IPA Component Society/Institute; 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 (PRESIDENT OF IPA COMPONENT SOCIETY): | Date: |
| Print Name, Title and IPA Society: | |