



**APPLICATION for
PSYCHOTHERAPIST CLINICAL MEMBERSHIP**
For Graduates of a clinical Psychoanalytic Psychotherapy Program at
an APSA Approved Training Institute/Center or Affiliate Society.

INSTRUCTIONS

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

Institute/Center/Society: 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 Psychotherapist Member:
APSA Institute/Center/Society Name:

Psychoanalytic PSYCHOTHERAPY TRAINING VERIFICATION

<input type="checkbox"/> I hereby certify that the psychotherapy candidate's educational experience regarding training in clinical psychoanalytic psychotherapy, supervisory work, course work and graduation are in accordance with the records of this Institute/Center/Society and further certify that to the best of my knowledge the character and professional ethics of the applicant are compatible with Psychotherapist Clinical Membership in the American Psychoanalytic Association.	
Signature (APSA Institute/Center/Society Director, President or Education Chair): ☺	Date:
Print Name and Title:	