



APPLICATION for PSYCHOTHERAPIST CLINICAL MEMBERSHIP

For Therapists Trained Outside of an APsA or IPA Approved
Institute/Center in Psychoanalytic Psychotherapy (EXP).

INSTRUCTIONS

Applicant: *If applicable*, please forward your completed application along with this form to your Institute/Center for verification of completion of psychoanalytic psychotherapy training.


Institute/Center: Please return this completed page by scan/email (preferred) directly to APsA to membership@apsa.org or if necessary, 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:
Name of Psychoanalytic Psychotherapy Training Institute/Center:

Psychoanalytic PSYCHOTHERAPY TRAINING VERIFICATION

I hereby certify that the psychotherapy trainee'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 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 (Institute Director, President or Education Chair): 	Date:
Print Name and Title:	