



APPLICATION FOR PSYCHOANALYST MEMBERSHIP

For applicants trained outside of APsA or IPA Approved Institutes

We are pleased that you are considering applying for membership. Please complete all parts of this form and submit it along with the \$75 application fee (click here to pay online) to APsA by **Email to: membership@apsa.org**. The deadline dates are **APRIL 15** for review by the Membership Requirements and Review Committee (MRRC) at APsA's Summer Symposium Meeting (June) and **NOVEMBER 15** for consideration at APsA's National Meeting (February). The MRRC may, at its discretion, direct inquiries to references, sponsors, supervisors and institutes noted in the application. If you have graduated from an organized training program which does not fully meet the recommended guidelines, the MRRC will consider any post-graduation training experiences such as seminars and private supervision. These should be documented in the application. The sum of these graduate and post-graduate experiences must conform to APsA's substantial equivalency requirements (See appendix). For those not trained in organized training programs, all psychoanalytic training experiences should be documented. To the degree that you are able, **we request that your name appear minimally on any added pages (i.e. CV) as applications will be anonymously reviewed.**

(PLEASE TYPE OR PRINT)

I. PERSONAL

NAME: _____ TITLE/DEGREE: _____

PRIMARY MAILING ADDRESS:

(please include zip + 4 digits)

OFFICE PHONE: _____ CELL PH: _____

HOME PHONE: _____ WEBSITE: _____

E-MAIL ADDRESS: _____

II. ETHICAL DISCLAIMER

I hereby certify that to my knowledge:

1. Have there ever been any findings of unethical or unprofessional conduct?

☐ No / ☐ Yes

2. Are there any current or pending charges or allegations of unethical or unprofessional conduct?

☐ No / ☐ Yes

If you answered Yes to either question, please explain (add pages if needed).

SIGNATURE: _____ DATE: _____

Applicant

III. GRADUATE EDUCATION

GRADUATE SCHOOL/MEDICAL SCHOOL: _____

DEGREE YEAR OF GRAD: _____

PSYCHIATRIC RESIDENCY/
CLINICAL INTERNSHIPS: _____

YEAR OF GRAD: _____

OTHER
GRADUATE TRAINING: _____
DEGREE YEAR OF GRAD: _____

CERTIFICATION BY PROFESSIONAL BOARD (Type/Date): _____

CURRENT PROFESSIONAL LICENSE: _____
NUMBER FIELD STATE: _____ DATE: _____

IV. PSYCHOANALYTIC TRAINING

(Please attach additional pages if needed)

1. TRAINING/PERSONAL ANALYST:

Please provide a description, where known, of the training background of your training/personal analyst including his/her professional psychoanalytic affiliations.

Was your analyst a Training Analyst of an APsA Approved Institute or IPA Component Society?

Eligibility will be determined in a discussion. If no, we will contact you if further discussion is required.

2. CHARACTERIZATION OF TRAINING/PERSONAL ANALYSIS:

DATE FROM: _____ TO: _____

#HRS: _____ FREQUENCY: _____

USE OF COUCH? _____

IV. PSYCHOANALYTIC TRAINING (continued)**3. ADULT ANALYSIS TRAINING:**

INSTITUTE: _____

MATRICULATION DATE: _____ GRADUATION DATE: _____

➤ Curriculum for Psychoanalytic Training:

Please see attached Appendix for listing of course work required for application. Please attach a copy of the curriculum of your training institute during the time you attended or provide a description of the courses that you took.

4. CHILD/ADOLESCENT ANALYSIS TRAINING:

INSTITUTE: _____

MATRICULATION DATE: _____ GRADUATION DATE: _____

➤ Curriculum for Psychoanalytic Training: Please see attached Appendix for listing of course work required for application. Please attach a copy of the child/adolescent curriculum of your training institute during the time you attended or provide a description of the courses that you took.**5. SUPERVISION:**

A. SUPERVISION: ()Adult or ()Child/Adolescent - YR Start: _____ TO: _____

B. SUPERVISION: ()Adult or ()Child/Adolescent - YR Start: _____ TO: _____

C. SUPERVISION: ()Adult or ()Child/Adolescent - YR Start: _____ TO: _____

D. SUPERVISOR TRAINING: Please provide a description, where known, of the training background of your supervisors including their professional psychoanalytic affiliations:

SUPERVISOR #1/Name: _____
(include contact information)

SUPERVISOR #2/Name: _____
(include contact information)

IV. PSYCHOANALYTIC TRAINING (continued)

D. SUPERVISOR #3/Name: _____
(include contact information)

Please add pages for additional supervisors.

- PLEASE COMPLETE THE ATTACHED ***SUPERVISED CASE HISTORY CHART (VIII)***

E. SUPERVISOR LETTERS OF REFERENCE: Letter(s) of reference from supervisor(s) of two or more of your training cases is required or provision of reasons for their unavailability. Please provide your supervisors with a copy of the attached supervisor letter guidelines.

Supervisor(s) Submitting Letters of Reference:

1. _____ (required)
2. _____ (required)
3. _____ (optional)

Note: If you cannot obtain the required supervisor letters, please advise reason and then include substitute letter(s) from colleague(s) familiar with your psychoanalytic work.

6. PSYCHOANALYTIC TRAINING VERIFICATION FORM:

Please have the director of your psychoanalytic training institute complete and sign the attached *PSYCHOANALYTIC TRAINING VERIFICATION FORM*.

V. POST-GRADUATION TRAINING EXPERIENCES

Please attach a page listing any Post-graduation training experiences such as private supervision, seminars, etc. List any analytic cases that you started Post-graduation on the Supervised Case History Chart (p.6) and so indicate by marking them as PG 1,2, etc. in the Case # column.

VI. PSYCHOANALYTIC ACTIVITY

(Please add pages or attach curriculum vitae if needed)

CLINICAL PRACTICE:

VI. PSYCHOANALYTIC ACTIVITY (continued)

TEACHING ASSIGNMENTS:

COMMITTEES AND OFFICES:

PUBLICATIONS/PRESENTATIONS/RESEARCH/SCHOLARLY ACTIVITIES:

VII. SPONSORSHIP (optional)

A letter of sponsorship from **1 Psychoanalyst Clinical Member***, a graduate analyst who is a member in good standing of the American Psychoanalytic Association, is optional. A sponsor should be able to recommend you and vouch for your professional integrity and ethical conduct. Please provide your sponsor with a copy of the attached sponsorship letter guidelines.

Optional Sponsorship Letter from the following APsA Psychoanalyst Clinical Member:

1. _____

*If you do not know an APsA Psychoanalyst Clinical Member and you would like a mentor appointed to you who would be able to familiarize you with APsA, then please contact the MRRC via APsA's Membership Services (Debbie Steinke Wardell, 347-519-5206 / membership@apsa.org) and arrangements will be offered whereby you can connect with an APsA member who potentially can serve as a mentor. They would not need to provide you with a sponsorship letter.



VIII. SUPERVISED CASE HISTORY CHART

PLEASE FILL IN APPROPRIATE DATA TO COMPLETE

List your supervised cases. Include any analytic cases that you started Post-Graduation (PG) on the below Chart and indicate by marking them as PG 1, PG 2, etc. in the Case # column. Session Total Hours=Total of analytic hours over the course of the case; Supervision Total Hours=Total supervised hours over the course of the case.

[illegible]

AMERICAN PSYCHOANALYTIC ASSOCIATION - Membership
 122 East 42nd Street, Suite 2310, New York, New York 10168
 212/752-0450 x0026 | Email: membership@apsa.org

TO APPLICANT: Please complete this section and review the waiver carefully before providing the form, including the signed waiver, to the individual APsA member sponsoring you.

Name of Applicant: _____

Telephone/Email: _____

WAIVER: In applying for Psychoanalyst Clinical Membership in the American Psychoanalytic Association (APsA), I understand that APsA's Membership Requirements & Review Committee (MRRC) will review my references and may make further inquiries about me; and that these answers will be obtained under pledge of confidentiality; that I am not entitled to, and will not ask for disclosure of these replies. I will hold APsA and its MRRC free from all damage and claims because of any action taken on this application; or by reason of any subsequent action on membership.

Signature: _____ Date: _____

TO MEMBER SPONSOR:

Prior to sponsoring, please make sure your Psychoanalyst Clinical Membership is in good standing [all dues are current].

The applicant above is applying for Psychoanalyst Clinical Membership in APsA. Each application for Psychoanalyst Clinical Membership has the option of being accompanied by a sponsoring letter from an APsA Psychoanalyst Clinical Member, in good standing, who is familiar with the applicant.

- In the letter, you should recommend the applicant and vouch to their professional integrity and ethical conduct. We request that the applicant's name only appear in the first sentence of the letter as the application will be blinded.

APsA's Membership Requirements and Review Committee (MRRC) shall, at its discretion, have the option of returning a sponsorship letter to the sponsor for additional information.

Please return this form along with your sponsorship letter directly to APsA by email (scan/email) to: dsteinke@apsa.org.

Note: Letters due on or before application deadlines of either November 15 or April 15.

AMERICAN PSYCHOANALYTIC ASSOCIATION - Membership

122 East 42nd Street, Suite 2310, New York, New York 10168

212/752-0450 x0026 | Email: membership@apsa.org

TO APPLICANT: Please complete this section and review the waiver carefully before providing the form to the individual writing the reference. Make copies of this form, including the signed waiver, for each supervisor submitting a reference.

Name of Applicant: _____

Telephone/Email: _____

WAIVER: In applying for Psychoanalyst Clinical Membership in the American Psychoanalytic Association (APsA), I understand that APsA's Membership Requirements & Review Committee (MRRC) will review my references and may make further inquiries about me; and that these answers will be obtained under pledge of confidentiality; that I am not entitled to, and will not ask for disclosure of these replies. I will hold APsA and its MRRC free from all damage and claims because of any action taken on this application; or by reason of any subsequent action on membership.

Signature: _____ Date: _____

TO SUPERVISOR DOCUMENTING CLINICAL WORK:

The applicant above is applying for Psychoanalyst Clinical Membership in the American Psychoanalytic Association (APsA) and each application needs to be accompanied by a letter documenting the applicant's clinical work from two or more of the applicant's supervisors.

In the letter, the supervisor to the extent of his/her knowledge should document and attest that the applicant's clinical work has met the Association's requirement for substantially equivalent supervised clinical work as outlined below:

Guidelines to the Applicant for Supervision:

Min. Total of 150 hours of supervision of at least 2 cases with work reflecting a diversity of identity characteristics including but not limited to gender, sexual orientation, age, religion, race, ethnicity, culture, ability status and socioeconomic status, supervised separately by at least 2 different supervisors, which have been treated at the recommended frequency of at least 3-5 times per week.

The supervision of each of at least 2 cases should occur over a sufficient length of time to allow the candidate to demonstrate to their supervisor's satisfaction, that they can recognize, evaluate, and interpret the dominant genetic factors and central conflicts. Supervision should also continue over enough time to allow significant transference manifestations to develop and be observed, understood, and worked through and to allow for counter transference manifestations to be understood.

We request that the applicant's name only appear in the first sentence of the letter as the application will be blinded. APsA's Membership Requirements and Review Committee (MRRC) shall, at its discretion, have the option of returning a letter to the supervisor for additional information.

- **Please return this form along with your letter of reference directly to APsA's National Office by email (scan /email) to: dsteinke@apsa.org**

Note: Letters due on or before application deadlines of either November 15 or April 15.

Psychoanalytic Training Verification Form

TO: **APsA Membership Requirements & Review Committee**
Debbie Steinke Wardell, Director, Education & Membership Services

PHONE: 212-752-0450 x0026

RETURN VIA EMAIL TO: dsteinke@apsa.org

FROM: (Training Institute Director – Name & Title)

**TRAINING
INSTITUTE:**

**ADDRESS OF
INSTITUTE:**

**CONTACT
NUMBER:**

DATE:

SUBJECT: **APsA Psychoanalyst Clinical Membership**

FOR:	(Applicant's name)		
	This is to verify that the above named Analyst entered our psychoanalytic training program on _____ and completed their Adult psychoanalytic training on _____ <i>(Please submit a second form for child/adolescent training)</i> Applicant has satisfactorily completed the following training:		
Check off:	☐ Personal Analysis at suggested frequency of 3-5 times per week for a suggested duration of 3 or more years.		
Enter Hours Below by Subject	>Please describe the curriculum to the best of your ability, in as much detail, at the <i>time of the applicant's training</i> and if available, please attach a copy of the applicant's course transcript <i>(add pages as needed)</i>. Seminars or equivalent learning experience covering the following subjects: <i>(Approximately 450 hours of didactic work recommended)</i>		
Hrs:	- Psychoanalytic Treatment Situation & Technique	Hrs:	- Research Education
Hrs:	- Psychoanalytic Theory	Hrs:	- Interdisciplinary & Allied Fields of Knowledge
Hrs:	- Psychopathology	Hrs:	- Community, Society, Group Dynamics, Multi-cultural Perspectives & Environmental Factors
Hrs:	- Infant, Child, Adolescent & Adult Development	Hrs:	- Ethics
Hrs:	- Continuous Case Seminars & Clinical Conferences		
Hrs:	- Other (please list)		
Check off:	☐ Total of 150 Hours of Supervision of at least 2 cases of with work reflecting a diversity of identity characteristics supervised separately by 2 different supervisors at the recommended frequency of 3-5 times/week.		
Comments:	(Please add pages if needed)		

I hereby certify that the applicant's educational experience regarding training psychoanalysis, supervisory work, course work and graduation are in accordance with the records of this Institute and further certify that to the best of my knowledge the character and professional ethics of the applicant are compatible with Psychoanalyst Membership in the American Psychoanalytic Association.

SIGNATURE: _____ **DATE:** _____
 Director of Training Institute

PSYCHOANALYST CLINICAL MEMBERSHIP APPLICATION CHECK-OFF LIST

Please EMAIL (scan/email) your *completed application* to the American Psychoanalytic Association by the appropriate deadline. A complete application will contain each component as noted in the following list.

Applicant's Name: _____

Check off list:

- ☐ Completed application form and ethical disclaimer signed by applicant
- ☐ Psychoanalytic training course descriptions
- ☐ Psychoanalytic Training Verification Form completed and signed by applicant's Training Institute (if applicable)
- ☐ Two or more Letters from Supervisors describing clinical supervision (or reasons for their unavailability and substitute letter(s))
 - Supervisor # 1: _____ (required)
 - Supervisor # 2: _____ (required)
 - Supervisor # 3: _____ (optional)
- ☐ *Optional* Letter of Sponsorship from an APsA Psychoanalyst Clinical Member*
 - Sponsor: Psychoanalyst Member: _____
- ☐ Application fee of \$75. Please click [here](#) to pay.

Deadlines for applications including **all** supporting letters are:

- **April 15** for Annual Meeting (June)
- **November 15th** for National Meeting (February)

Scan/Email completed application to: dsteinke@apsa.org

Questions?

Please Contact APsA's Membership Services: 212-752-0450 x0026; EMAIL: membership@apsa.org

*(The Sponsorship letter is optional but if you do not know an APsA Psychoanalyst Clinical Member (i.e. a graduate analyst who is a member of APsA in good standing) and are interested in having a mentor appointed, then please contact the MRRC via APsA's Membership Services (Debbie Steinke Wardell, 347-519-5206) and arrangements will be made to appoint a mentor to help introduce you to APsA.)



APPENDIX: REQUIREMENTS FOR APsA MEMBERSHIP

If an applicant has graduated from an organized training program which does not fully meet the recommended guidelines, the committee will also consider any post-graduation training experiences such as seminars and private supervision, which should be documented in the application. The sum of these graduate and post-graduate experiences must conform to our substantial equivalency requirements. For those not trained in organized training programs, all psychoanalytic training experiences should be documented.

SUBSTANTIAL EQUIVALENCY	
Personal Analysis	In-depth analytic experience, usually on the couch, at suggested frequency of 3-5 times a week for a suggested duration of three or more years.
Course Work	Approximately 450 hours of didactic work are recommended. Seminars or equivalent learning experience covering the following subjects: 1. Psychoanalytic Treatment Situation & Technique 2. Psychoanalytic Theory 3. Psychopathology 4. Infant, Child, Adolescent and Adult Development 5. Continuous Case Seminars and Clinical Conferences 6. Research Education 7. Interdisciplinary and Allied Fields of Knowledge 8. Ethics 9. Community, Society, Group Dynamics, Multicultural Perspectives, and Environmental Factors
Supervision	Min. Total of 150 hours of supervision of at least 2 cases with work reflecting a diversity of identity characteristics including but not limited to gender, sexual orientation, age, religion, race, ethnicity, culture, ability status and socioeconomic status, supervised separately by at least 2 different supervisors, which have been treated at the recommended frequency of at least 3-5 times per week. The supervision of each of at least 2 cases should occur over a sufficient length of time to allow the candidate to demonstrate to their supervisor's satisfaction, that they can recognize, evaluate, and interpret the dominant genetic factors and central conflicts. Supervision should also continue over enough time to allow significant transference manifestations to develop and be observed, understood, and worked through and to allow for counter transference manifestations to be understood.