



201' Psychoanalytic and Psychodynamic Teachers' Academy Application

Check One: Psychiatrist Psychologist Social Worker

Last Name: First: M.I.: Degree:

Home Address:

City: State: Zip Code:

Office Phone: Home Phone: Fax:

Email:

Female Male

Medical or Graduate School: Country:

Degree: Year Graduated:

Other Graduate Degree(s): Year: Field:

Specify Other Advanced Training Degrees, certification, certificates

CURRENT POSITION:

Full-Time Other (specify):

Title:

Institution/Program:

Address:

City: ~~Address~~ State: Zip Code:

Position during year of participation in Teachers' Academy:

Full-Time Other (specify)

Name of Institution/Program:

Address:

City: ~~AAAAA~~ State: Zip Code:

Letter of Nomination and Supporting Letters:

List the name, title, and address for person who wrote your letter of nomination:

List the names, titles, and addresses for the people who wrote the 2 supporting letters
(Colleagues (not students) who know your work and will provide letters of reference):

**Save the completed form and email it to APsaA's National Office along with
your Curriculum Vitae and Personal Statement.**