

# *Expand your connections & Join*



## *The American Psychoanalytic Association*

APsaA expanded its membership criteria and has a Membership Pathway for Psychoanalysts trained outside of APsaA or IPA approved Institutes.

Membership in APsaA affords you a wealth of benefits including:

- **Reduced registration fees** for APsaA's biannual meetings
- **Listing in the online 'Find an Analyst' member directory**
- Social and scientific **networking opportunities**
- **Access** to members-only email discussions and the **opportunity for referrals**
- Eligibility for **reduced rates on a variety of insurance products**

### **Plus...**

- **Free Subscription** to APsaA's premier magazine, *The American Psychoanalyst*
- **Preferred subscription rates** to the *Journal of the American Psychoanalytic Association (JAPA)*



## **HOW TO APPLY FOR MEMBERSHIP**

1. Please complete the attached membership application and mail to APsaA's National Office by the appropriate deadline.
2. Deadlines for application including all supporting letters are:
  - **April 1<sup>st</sup>** for Annual Meeting (spring)
  - **November 15<sup>th</sup>** for National Meeting (winter)

**Questions?** Call 212-752-0450 x26 or Email: [membership@apsa.org](mailto:membership@apsa.org)  
Visit [www.apsa.org](http://www.apsa.org)



## APPLICATION FOR ACTIVE MEMBERSHIP

For applicants trained outside of APsAA 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 to the American Psychoanalytic Association (address below). The deadline dates are **APRIL 1** for review by the Membership Requirements and Review Committee (MRRC) at APsAA's Annual Meeting (June) and **NOVEMBER 15** for consideration at APsAA'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 APsAA'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 as applications will be blinded.

(PLEASE TYPE OR PRINT)

### **I. PERSONAL**

NAME: \_\_\_\_\_ TITLE/DEGREE: \_\_\_\_\_

MAILING ADDRESS:  
(please include zip + 4 digits)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OFFICE PHONE: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL NUMBER: \_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_ YEAR OF GRAD: \_\_\_\_\_  
DEGREE

PSYCHIATRIC RESIDENCY/  
CLINICAL INTERNSHIPS: \_\_\_\_\_

\_\_\_\_\_ YEAR OF GRAD: \_\_\_\_\_

OTHER  
GRADUATE TRAINING: \_\_\_\_\_ YEAR OF GRAD: \_\_\_\_\_  
DEGREE

CERTIFICATION BY PROFESSIONAL BOARD (Type/Date): \_\_\_\_\_

CURRENT PROFESSIONAL LICENSE: \_\_\_\_\_ STATE: \_\_\_\_\_ DATE: \_\_\_\_\_  
NUMBER FIELD

**IV. PSYCHOANALYTIC TRAINING**

(Please attach additional pages if needed)

1. TRAINING/PERSONAL ANALYST:

A. NAME: \_\_\_\_\_

B. TRAINING/PERSONAL ANALYST BACKGROUND: Please provide a description, where known, of the training background of your training/personal analyst including his/her professional psychoanalytic affiliations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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)

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*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 one or more of your training cases is required or provision of reasons for their unavailability. Please provide your supervisor(s) with a copy of the attached supervisor reference letter guidelines.

Supervisor(s) Submitting Letters of Reference:

1. \_\_\_\_\_ (required)
2. \_\_\_\_\_ (optional)

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:

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**VI. PSYCHOANALYTIC ACTIVITY (continued)**

TEACHING ASSIGNMENTS:

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COMMITTEES AND OFFICES:

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PUBLICATIONS/PRESENTATIONS/RESEARCH/SCHOLARLY ACTIVITIES:

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**VII. SPONSORSHIP**

A letter of sponsorship from **1 Active Member\***, a graduate analyst who is a member in good standing of the American Psychoanalytic Association, is required. Your 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.

Sponsorship Letter from the following APsaA Active Member:

1. \_\_\_\_\_

\_\_\_\_\_  
\*If you do not know an APsaA Active Member, you may contact the MRRC via APsaA's Membership Services (Debbie Steinke Wardell, 212-752-0450 x26) and arrangements will be offered whereby you can meet with an APsaA member who potentially can serve as a sponsor.



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**AMERICAN PSYCHOANALYTIC ASSOCIATION - Membership**

309 East 49<sup>th</sup> Street, New York, New York 10017  
212/752-0450 x26 | FAX 212/593-0571

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

Name of Applicant: \_\_\_\_\_

Telephone/Email: \_\_\_\_\_

**WAIVER:** In applying for Active Membership in the American Psychoanalytic Association (APsAA), I understand that APsAA'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 APsAA 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, make sure your Active Membership is in good standing [all dues are current].

The applicant above is applying for Active Membership in APsAA. Each application for Active Membership needs to be accompanied by a sponsoring letter from an APsAA Active Member, in good standing, who is familiar with the applicant. In the letter, you should recommend the applicant and vouch to his or her 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.

APsAA'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 APsAA's National Office at the above address or scan and email both to: [dsteinke@apsa.org](mailto:dsteinke@apsa.org)**

*Note: Letters due on or before application deadlines of either November 15<sup>th</sup> or April 1<sup>st</sup>.*



**AMERICAN PSYCHOANALYTIC ASSOCIATION - Membership**

309 East 49<sup>th</sup> Street, New York, New York 10017  
212/752-0450 x26 | FAX 212/593-0571

**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 Active Membership in the American Psychoanalytic Association (APsaA), I understand that APsaA'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 APsaA 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 WRITING REFERENCE:**

The applicant above is applying for Active Membership in the American Psychoanalytic Association (APsaA) and each application needs to be accompanied by a letter of reference from one or more of the applicant's supervisors.

In the letter, the supervisor to the extent of his/her knowledge should recommend the applicant for membership in APsaA on the basis that the applicant's supervision has met the Association's requirement for substantially equivalent supervision as outlined below:

**Guidelines to the Applicant for Supervision:**

250 hours of supervision of at least three cases, supervised separately by three different supervisors, which have been treated at the recommended frequency of four times per week. The supervision of each of at least three cases should occur over a sufficient length of time to allow the candidate to 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. APsaA'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 APsaA's National Office at the above address or scan and email both to: [dsteinke@apsa.org](mailto:dsteinke@apsa.org)**

*Note: Letters due on or before application deadlines of either November 15<sup>th</sup> or April 1<sup>st</sup>.*



A M E R I C A N

PSYCHOANALYTIC

A S S O C I A T I O N

# Psychoanalytic Training Verification Form

TO: **APsaA Membership Requirements & Review Committee**  
**Debbie Steinke Wardell, Manager, Education & Membership Services**  
 PHONE: 212-752-0450 x26 FAX: 212-593-0571 EMAIL: dsteinke@apsa.org

FROM: (Training Institute Director – Name & Title)

TRAINING INSTITUTE:

ADDRESS OF INSTITUTE:

CONTACT NUMBER:

DATE:

SUBJECT: **APsaA Active Membership**

FOR:	(Applicant's name)
	<p><b>This is to verify that the above named Analyst entered our psychoanalytic training program on _____ and completed his/her Adult psychoanalytic training on _____</b>          (Please submit a second form for child/adolescent training)</p> <p><b>He/She has satisfactorily completed the following training:</b></p>
Check off: <input type="checkbox"/>	<b>Personal Analysis at suggested frequency of 4 times /week for a suggested duration of 3 or more years.</b>
Enter Class Hours	<p><b>Seminars or equivalent learning experience covering the following subjects:</b>          (Approximately 450 hours of didactic work recommended)  <b>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.</b></p>
Hrs:	- Psychoanalytic Treatment Situation and Technique
Hrs:	- Psychoanalytic Theory
Hrs:	- Psychopathology
Hrs:	- Development
Hrs:	- Continuous Case Seminars and Clinical Conference
Hrs:	- Other (please list)
Check off: <input type="checkbox"/>	<b>250 Hours of Supervision of at least 3 cases supervised separately by 3 different supervisors at the recommended frequency of 4 times/week.</b>
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 Active Membership in the American Psychoanalytic Association.**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
 Director of Training Institute

## ACTIVE MEMBERSHIP APPLICATION CHECK-OFF LIST

Please mail your *completed application* to the American Psychoanalytic Association (address below) 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)
- One or more Letters of Reference from Supervisors (or reasons for their unavailability)
  - Supervisor # 1: \_\_\_\_\_(required)
  - Supervisor # 2: \_\_\_\_\_(optional)
- Letter of Sponsorship from an APsaA Active Member\* (in good standing)
  - Sponsor: Active Member:\_\_\_\_\_
- Application fee of \$75. Please make check payable to the American Psychoanalytic Association (US funds only).

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

- **April 1<sup>st</sup>** for Annual Meeting (June)
- **November 15<sup>th</sup>** for National Meeting (February)

Mail completed application to:

**Attn: Membership  
American Psychoanalytic Association  
309 East 49<sup>th</sup> Street  
New York, NY 10017**

### **Questions?**

Please Contact APsaA's Membership Services: 212-752-0450 x26; EMAIL: [membership@apsa.org](mailto:membership@apsa.org)

\_\_\_\_\_  
\*(If you do not know an APsaA Active Member (i.e. a graduate analyst who is a member of APsaA in good standing), you may contact the MRRC via APsaA's Membership Services (Debbie Steinke Wardell, 212-752-0450 x26) and arrangements will be offered whereby you can meet with an APsaA Active Member who potentially can serve as a sponsor.)

## APPENDIX: REQUIREMENTS FOR APsaA 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.

<b>SUBSTANTIAL EQUIVALENCY</b>	
<b>Personal Analysis</b>	<b>In-depth analytic experience, usually on the couch, at suggested frequency of 4 times a week for a suggested duration of three or more years.</b>
<b>Course Work</b>	<p><b>Seminars or equivalent learning experience covering the following subjects.</b></p> <ol style="list-style-type: none"> <li><b>1. Psychoanalytic Treatment Situation and Technique</b></li> <li><b>2. Psychoanalytic Theory</b></li> <li><b>3. Psychopathology</b></li> <li><b>4. Development</b></li> <li><b>5. Continuous Case Seminars and Clinical Conferences</b></li> </ol> <p><b>Approximately 450 hours of didactic work are recommended.</b></p>
<b>Supervision</b>	<p><b>250 hours of supervision of at least three cases, supervised separately by three different supervisors, which have been treated at the recommended frequency of four times per week.</b></p> <p><b>The supervision of each of at least three cases should occur over a sufficient length of time to allow the candidate to 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.</b></p>