

Analyst Membership Application

*Extended Pathway for applicants trained outside SFCP or IPA Approved Institutes*



*APPLICATION FOR ACTIVE MEMBERSHIP*

#### For applicants trained outside of SFCP or IPA Approved Institutes

*We are pleased that you are considering applying for membership. The Membership Committee 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 Membership Committee will consider any post-graduation training experiences such as seminars and private supervision. These should be documented in the application. For those not trained in organized training programs, all psychoanalytic training experiences should be documented.*

1. **PERSONAL**

(PLEASE TYPE OR PRINT)

#### NAME: TITLE/DEGREE:

MAILING ADDRESS:

#### OFFICE PHONE: FAX NUMBER:

HOME PHONE: CELL NUMBER:

E-MAIL ADDRESS:

## ETHICAL DISCLAIMER

#### I hereby certify that to my knowledge:

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

 No /  Yes

#### 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**



## 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

## PSYCHOANALYTIC TRAINING

(Please attach additional pages if needed)

#### 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 from SFCP or IPA Component Society? *Eligibility will be determined in a discussion. If no, we will contact you if further discussion is required.*

#### CHARACTERIZATION OF TRAINING/PERSONAL ANALYSIS:

DATE FROM: TO:

#HRS: FREQUENCY:

USE OF COUCH?



**IV. PSYCHOANALYTIC TRAINING (continued)**

#### ADULT ANALYSIS TRAINING:

INSTITUTE:

#### MATRICULATION DATE: GRADUATION DATE:

* ***Curriculum for Psychoanalytic Training***: 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.

#### CHILD/ADOLESCENT ANALYSIS TRAINING:

INSTITUTE:

#### MATRICULATION DATE: GRADUATION DATE:

* ***Curriculum for Psychoanalytic Training***: 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.

#### SUPERVISION:

#### *Two cases, of different genders, need to be seen at a frequency of 4-5 times per week, and third case can be seen at a frequency of 3-5 times per week. A minimum of 65 hours of supervision are required for each control case for the duration of at least 18 months. Three case write ups must be provided for each control case.*

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

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#### SUPERVISION: ( )Adult or Child/Adolescent - YR Start: TO:

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#### 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)



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1. **PSYCHOANALYTIC TRAINING (continued)**

#### D. SUPERVISOR #3/Name:

(include contact information)

 *Please add pages for additional supervisors.*

#### 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)

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## POST-GRADUATION TRAINING EXPERIENCES

Please attach a page listing any Post-graduation training experiences such as private supervision, seminars, etc.

## PSYCHOANALYTIC ACTIVITY

(Please add pages or attach curriculum vitae if needed)

#### CLINICAL PRACTICE:



**PSYCHOANALYTIC ACTIVITY (continued)**

#### TEACHING ASSIGNMENTS:

COMMITTEES AND OFFICES:

PUBLICATIONS/PRESENTATIONS/RESEARCH/SCHOLARLY ACTIVITIES:

 MEMBERSHIPS IN SCIENTIFIC SOCIETIES

SPONSORSHIP

#### A letter of sponsorship from ***1 Analyst Member,*** a graduate analyst member who is 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 SFCP Analyst Member:

#### 1.

**\***If you do not know an SFCP Analyst Member, you may contact the membership committee via SFCP’s Membership

Services (Megan Kelly – megan.kelly@sfcp.org) and arrangements will be offered whereby you can meet with an Analyst member who potentially can serve as a sponsor.



San Francisco Center for Psychoanalysis

**SPONSORSHIP LETTER**

444 Natoma Street, San Francisco, CA 94103

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

Name of Applicant:

Telephone/Email:

**WAIVER:** In applying for Analyst Membership in the San Francisco Center for Psychoanalysis (SFCP), I understand that SFCP’s Membership Committee 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 SFCP and its Membership Committee 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 Analyst Membership is in good standing [all dues are current].

The applicant above is applying for Analyst Membership at SFCP. Each application for Analyst Membership needs to be accompanied by a sponsoring letter from an SFCP Analyst 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.

SFCP’s Membership Committee 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 SFCP at the above address or scan and email both to:** **megan.kelly@sfcp.org**



**San Francisco Center for Psychoanalysis**

**SUPERVISOR LETER**

444 Natoma St, San Francisco, CA 94103

**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 Analyst Membership in the San Francisco Center for Psychoanalysis (SFCP), I understand that SFCP’s Membership Committee 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 SFCP and its Membership Committee 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 Analyst Membership in the San Francisco Center for Psychoanalysis (SFCP) 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 SFCP’s requirement for substantially equivalent supervised clinical work as outlined below:

##### Guidelines to the Applicant for Supervision:

Total of 195 hours of supervision of at least three analytic cases of different genders, supervised separately by at least two different supervisors, which have been treated at the recommended frequency of at least 4-5 times per week. The third case can be treated at a frequency of 3-5 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 demonstrate to their supervisor’s satisfaction, that they recognize, evaluate, and interpret the prominent issues 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 to be understood.

 SFCP’s Membership Committee 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 SFCP and email both to:** **megan.kelly@sfcp.org**



Certification Letter for Extended Pathway

Dear Applicant,

To establish equivalency in training we are asking that you have the President or Chair of the Education Committee of your Institute or Center write a certification letter detailing the training you received. We are asking for them to comment on the following:

* Personal Analysis, frequency and length
* Supervised Control Cases, number, frequency and supervision hours
* Didactics, hours and topics
* Graduation Paper or dissertation, equivalent to standards set by ApsaA and the IPA

This letter should be included as part of your application, and emailed to megan.kelly@sfcp.org for review.

Sincerely,

Meryl Botkin, PhD

Membership Division Chair

# ANALYST MEMBERSHIP APPLICATION CHECK-OFF LIST

Please email your *completed application* to the San Francisco Center for Psychanalysis (address below). 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
* Two or more Letters from Supervisors describing clinical supervision (or reasons for their unavailability)
	+ Supervisor # 1: (required)
	+ Supervisor # 2: (required)
	+ Supervisor # 3: (optional)
* One Letter of Sponsorship from SFCP Analyst Members\* (in good standing)
	+ Sponsor: Active Member:
* One certification letter from the President or Educational Division Chair detailing the training you received

## \*\*\*

Email completed application to: megan.kelly@sfcp.org

## REQUIREMENTS FOR SFCP ANALYST 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.

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| --- | --- |
|  | **SUBSTANTIAL EQUIVALENCY** |
| **Personal Analysis** | In-depth analytic experience, usually on the couch, at suggested frequency of 3-5 times a week for a duration of three or more years. |
| **Course Work** | Seminars or equivalent learning experience covering the following subjects:1. Psychoanalytic Treatment Situation and Technique
2. Psychoanalytic Theory
3. Psychopathology
4. Development
5. Continuous Case Seminars and Clinical Conferences

Approximately 480 hours of didactic work are recommended. |
| **Supervision** | Total of 195 hours of supervision of at least three analytic cases of different genders, supervised separately by at least two different supervisors, which have been treated at the recommended frequency of at least 4-5 times per week. The third case can be treated at a frequency of 3-5 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 demonstrate to their supervisor’s satisfaction, that they recognize, evaluate, and interpret the prominent issues 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 to be understood**.** |