**MEMBERSHIP APPLICATION**

*(You may also attach* C.*V.)*

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_

 ZIP CODE:

PHONE: \_\_\_\_\_\_\_\_\_ FAX: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROFESSIONAL TRAINING AND EXPERIENCE

GRADUATE SCHOOL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DEGREE:\_\_\_\_\_

GRADUATION DATE: \_\_\_\_\_\_\_\_\_

POSTGRADUATE TRAINING: DATES: \_\_\_\_\_\_\_\_\_\_\_\_

PSYCHOANALYTIC TRAINING: (Name of Institute, Date of Graduation)

MEMBERSHIP IN LOCAL SOCIETIES:

MEMBER, AMERICAN PSYCHOANALYTIC ASSN:\_\_\_\_\_\_\_\_\_ DATE:

MEMBER, INTERNATIONAL PSYCHOANALYTIC ASSN:\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_

CHRONOLOGICAL SURVEY OF PROFESSIONAL PRACTICE AND AFFILIATIONS SINCE RESIDENCY OR POSTGRADUATE TRAINING:

MEDICAL SCHOOL OR GRADUATE SCHOOL FACULTY APPOINTMENTS:

SCIENTIFIC SOCIETIES:

SCIENTIFIC PUBLICATIONS:

ADDITIONAL COMMENTS:

ETHICS AND IMPAIRMENT

# The San Francisco Center for Psychoanalysis (SFCP), formerly known as (SFPI&S) adheres to the Principles and Standards of Ethics for Psychoanalysts of the American Psychoanalytic Association ("APsaA") and the Guidelines of the Ethics & Impairment Committee of SFCP (available at www.sfcp.org).

1. I confirm that I have been provided access to these documents (hard copies are available upon request), have been advised to read them, and agree to abide by them.

Yes No \_

1. As part of the application process I give permission to SFCP, if answer "yes" to any of the questions below, to make inquiry, for purposes of verification, to various professional organizations and licensing boards holding information pertinent to my history of professional qualifications, competence, or conduct as a professional. I understand that this inquiry will be performed in good faith by the SFCP committee responsible for the consideration of this application.

Has there ever been a complaint of ethical misconduct or unprofessional conduct brought against you that resulted in a determination of misconduct and ensuing sanction?

Yes No

Has there ever been a complaint or investigation of you concerning impairment? Yes No

Have you ever been suspended from teaching or administrative functions in relation to a professional ethics or impairment issue?

Yes No

Has your membership in a professional or educational organization or training program, ever been suspended or terminated in relation to a professional ethics or impairment issue or any professional misconduct.

Yes No

Have you ever been suspended or terminated from board certification or professional liability insurance in relation to a professional ethics or impairment issue or any professional misconduct? Yes No ---

Has there ever been a finding against you by a professional licensing board? Yes No

Have your clinical privileges or membership with any hospital or health care institution ever been denied, suspended or revoked?

Yes No ---

If your answer is "Yes," to any of these questions, please provide details (use a separate sheet if necessary):

*Your initials*- - - - -

RECOMMENDATIONS

Give names and addresses of three psychoanalysts who are familiar with you and your work and from whom we may request letters of recommendation. These letters should come from IPA, APsaA, or SFCP active members in good standing. Two of the letters should be from psychoanalysts who are familiar with you and your work within the past three years. One of the letters should come from a psychoanalyst who has discussed your clinical work in depth with you within the past year. References will be asked to comment on your clinical judgment and vouch for your professional integrity and ethical conduct.

If you are not currently engaged in clinical practice, please provide names and addresses of three psychoanalysts who can provide current references regarding your academic/research work. These references will also be asked to vouch for your professional integrity and ethical conduct.

If you are presently retired, please provide us with three references from colleagues who are familiar with you and your work in the past.

Please indicate after the name and address whether the recommendation is clinical © or academic/research (AIR).

Please have either the Education Committee Chairman of the ApsaA or IPA Institute from which you graduated or the President of the IPA Society of which you are a member, sign the following statement:

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 Society/Institute and further certify that to the best of my knowledge the professional ethics of the applicant are compatible with Active Membership in the American Psychoanalytic Association and the San Francisco Center for Psychoanalysis.

SIGNATURE: - - - - - - - - - - - - - - - - - - -

*E.C. Chairman/President of IPA Society\**

DATE: ------

IPA SOCIETY: - - - - - - - - - - - - - - - - - - - - - - - - - - -

\*If you are not currently a member of an IPA Society, please obtain the signature of the Director of the IPA Institute from which you graduated.

I agree to abide by the constitution and bylaws of the San Francisco Center for Psychoanalysis. I understand that the organization will review my references and make 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 a disclosure of these replies. I will hold the San Francisco Center for Psychoanalysis free from all damage and claims because of any action taken on this application; or by reason of any subsequent action on membership.

DATE: SIGNED: - - - - - - - - - - - - - - - - - - - -