**SFCP APPLICATION FOR**

**A WAIVER OF THE REQUIREMENT FOR A TRAINING ANALYST AS THE PERSONAL ANALYST** 09/19/23

**SUBMISSION DATE:** Waivers need to be approved before May 1. The Training Analyst (TA) Chair Michael Donner (mbds@sbcglobal.net) will need adequate time to process the application. Please consult your admissions advisor and TA Chair to plan accordingly.

**SUBMISSION PROCEDURES:**

**For the Candidate:**

Please review the waiver procedures, application, and related forms in this packet carefully with your analyst to anticipate if the analysis will qualify. Any questions should be taken up in advance with your admissions advisor, the TA Chair or the PED Chair.

Once the waiver application is completed, the TA Chair reviews the waiver application, and if it meets the objective criteria, informs the PED chair to confirm the waiver. The TA Chair will contact the candidate to let you know of the approval. If the analyst does not meet the objective criteria, the TA chair will discuss this with the analyst in order to pursue some resolution and bring it to the PED if necessary for further discussion.

After your waiver is approved, as a condition of enrollment, all admitted candidates are asked to attest on their Enrollment Form that they have begun a personal psychoanalysis with an SFCP-approved Training Analyst at a minimum frequency of 3x/week by May 1.

Thereafter, candidates are asked once per year at the time of enrollment to fill out a form indicating that they:

1. are in a personal psychoanalysis with an SFCP-approved Training Analyst at a minimum frequency of 3x/week,
2. have completed this requirement for training, or
3. are not in a personal psychoanalysis with an SFCP-approved Training Analyst at a minimum frequency of 3x/week and have not completed the requirement. If a candidate chooses this option, they are asked to elaborate, and they are referred to the Dean to have a confidential conversation about their circumstances.

After the waiver application process, the only person who will have access to the names of candidates’ Training Analysts is the PED Chair.  All forms that contain this confidential

information (the form on the Application, the Enrollment Form section, and the annual form) are sent only to the PED Chair (unless they are referred to the Dean).

**For the Analyst:**

Please review the Policy on Waivers and return the completed Waiver Application to SFCP’s Education Coordinator, Tina Phu, [tina.phu@sfcp.org](mailto:tina.phu@sfcp.org). If you are not already a community or analyst member of SFCP, you may find the analyst membership application [here](https://www.sfcp.org/analyst-membership/) or the community membership application [here](https://www.sfcp.org/community-membership/). All forms and the application will be handled confidentially.

**Policy on Waivers of the Requirements for SFCP Training Analyst as the Personal Analyst**

All candidates at SFCP must be in analysis 3-5x/week with a TA by May 1. Waivers of the requirement to be in analysis with a TA are possible for candidates in established analyses of more than one year's duration, three to five times weekly. The analyst must also meet the following requirements:

* Have graduated from an institute accredited by the American Psychoanalytic Association (APsaA) or the International Psychoanalytical Association (IPA)
* Be a community or analyst member of SFCP (If you are not already a community or analyst member of SFCP, you may find the analyst membership application [here](https://www.sfcp.org/analyst-membership/) or the community membership application [here](https://www.sfcp.org/community-membership/).)
* Have no ethical violations
* Have had three cases in 3-5x/week treatment since graduation.

**APPLICATION FOR A WAIVER OF THE REQUIREMENT FOR A TRAINING ANALYST AS**

**THE PERSONAL ANALYST**

CANDIDATE NAME: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_     \_\_\_\_\_\_\_\_\_\_

**Personal Analyst Information**

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

INSTITUTE: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Medical or Other Graduate Degree      \_\_\_\_\_\_\_\_\_\_ Year      \_\_\_\_\_\_\_

College or University      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Year      \_\_\_\_\_\_\_

2. License Number      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by (Board)      \_\_\_\_\_\_\_\_\_\_\_\_ State      \_\_\_\_\_

3. Psychoanalytic Institute where trained      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Graduation Date      \_\_\_\_\_

4. Membership in American Psychoanalytic Association \_     \_\_\_\_\_\_\_\_\_\_\_\_ Date      \_\_\_\_\_\_

5. Membership in International Psychoanalytical Association \_     \_\_\_\_\_\_\_ Date      \_\_\_\_\_\_

6. Please state the date (month and year) the personal analysis began\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Psychoanalytic Practice**

a. Please fill in the information for each case seen in 3-5 times per week psychoanalysis.

Case a:

Sex \_     \_\_\_\_\_\_\_\_ Age

Beginning date of analysis \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ending date\* \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Case b:

Sex \_     \_\_\_\_\_\_\_\_ Age

Beginning date of analysis \_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_ Ending date\* \_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_

Case c:

Sex \_\_     \_\_\_\_\_\_\_ Age

Beginning date of analysis \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ending date\* \_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_

Case d:

Sex \_     \_\_\_\_\_\_\_\_ Age

Beginning date of analysis \_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_ Ending date\* \_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_

Case e:

Sex \_     \_\_\_\_\_\_\_\_ Age

Beginning date of analysis \_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_ Ending date\* \_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_

Case f:

Sex \_\_     \_\_\_\_\_\_\_ Age

Beginning date of analysis \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ending date\* \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Case g:

Sex \_     \_\_\_\_\_\_\_\_ Age

Beginning date of analysis \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ending date\* \_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_

Case h:

Sex \_     \_\_\_\_\_\_\_\_ Age

Beginning date of analysis \_\_\_     \_\_\_\_\_\_\_\_\_\_\_\_ Ending date\* \_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_

\*Please indicate interruption (I) or termination (T) if applicable. Interruption refers to an analysis that ended without a termination phase for reasons other than a mutually agreed readiness for termination.

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

INSTITUTE: \_\_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ethics

The San Francisco Center for Psychoanalysis (SFCP) adheres to the Principles and Standards of Ethics for Psychoanalysts of the American Psychoanalytic Association ("APsaA") (available at www.apsa.org) and the Guidelines of the Ethics & Impairment Committee of SFCP (available at www.sf-cp.org).

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.

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 ever been suspended or terminated in relation to a professional ethics or impairment issue?

Yes\_     \_\_\_\_ No\_\_     \_\_\_

Has there ever been a finding against you by a professional licensing board?

Yes\_     \_\_\_\_ No\_     \_\_\_\_

If your answer is “Yes,” to any of these questions, please provide details on a separate page.

I understand that if the above disclosed misconduct or impairment occurred, the Waiver Committee of SFCP will contact me for further consideration before approving or declining the waiver request.

My signature below confirms that I have read and understand all of the above paragraphs.

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

Signature Date

Attestation to duration and frequency of personal analysis

The analysis with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, applicant for training at SFCP, began at least one year ago at a frequency of 3-5 times/week on the couch. While minor variations are expected, please explain any significant variations.

Signature of Analyst\_\_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Analyst\_\_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_