

Dear Colleague:

Thank you for your interest in applying for faculty appointment. Being a part of the SFCP Faculty community is a stimulating and rewarding endeavor.

Faculty opportunities include teaching and participating in faculty meetings, faculty retreats, and faculty programs.

**HOW TO APPLY**

Please complete this entire application form in Microsoft Word and email it to Tina Phu at [Tina.phu@sfcp.org](mailto:Tina.phu@sfcp.org). Answers should be typed into the grey boxes. Please note that these grey boxes will expand to accommodate answers of any length.

In addition to this application form and the attached Ethics Attestation, we request that you forward a copy of your resume.

If you have any difficulties downloading this application, please email Tina Phu.

Once the application and resume are received, your application will be reviewed by the Faculty Committee and I will contact you.

If you have any questions, please feel free to call me at 415-957-0927 or email me at [mkurpinsky@sbcglobal.net](mailto:mkurpinsky@sbcglobal.net).

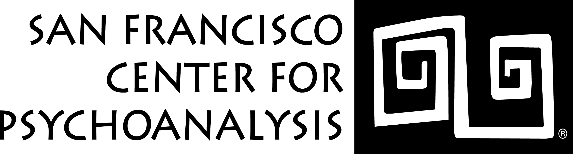
Thank you.

Sincerely,

Maureen Kurpinsky, PhD

Faculty Committee

Chair, Committee for the Appointment of Faculty

Application for:

Appointment to the Faculty of the

San Francisco Center for Psychoanalysis

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| **Name:** | Click or tap here to enter text. | **Date:** | Click or tap here to enter text. |
| **Address:** | Click or tap here to enter text. | | |
| **Email Address:** | Click or tap here to enter text. | | |
| **Phone Number:** | Click or tap here to enter text. | | |
| **Categories (please check what applies to you):**  SFCP Analyst Member  SFCP Community Member  SFCP Candidate/Trainee  Associate Member | | | |

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| **PSYCHOANALYTIC TEACHING – EXPERIENCE (include name of institution(s), course title(s), dates):** |
| Click or tap here to enter text. |

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| **PSYCHOANALYTIC TEACHING – AREAS OF INTEREST:** |
| Click or tap here to enter text. |

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| **CURRENT TEACHING INTENT:** Have you been asked to teach a specific class or for a particular educational division of SFCP (i.e., PPTP, PED, Yearlong Program, etc.)? If so, please indicate. |
| Click or tap here to enter text. |

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| **COMMITTEES, OFFICES, ORGANIZATIONS, ASSOCIATIONS:** |
| Click or tap here to enter text. |

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| **Please indicate the name, email and phone number of two people familiar with your teaching experience and skills and who may be contacted for reference:**  Name: Click or tap here to enter text.  Phone Number: Click or tap here to enter text.  E-mail address: Click or tap here to enter text.  Name: Click or tap here to enter text.  Phone Number: Click or tap here to enter text.  E-mail address: Click or tap here to enter text. |

# Ethics & Impairment Sections of Applications for Faculty

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.sfcp.org](http://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.
2. As part of the application process, I give permission to SFCP to make inquiry for purposes of verification to the various professional organizations and licensing boards holding information pertinent to my professional qualifications, competence, or history of 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 in consultation with the co-chairs of the SFCP Ethics and Impairment Committee. (For example, inquiry about status of your license, information from that licensing agency that is part of the public record, or inquiry to verify your faculty status at another professional organization).

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| Yes No | 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 which has resulted in a determination of impairment and ensuing sanction? |
| 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? |

If you answer “Yes,” to any of these questions, please explain at greater length.

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| Click or tap here to enter text. |

By entering your name and date below, you acknowledge that all of the above information is true and accurate to the best of your knowledge. Electronic submission of this form is equivalent to your handwritten signature.

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| --- | --- | --- |
| Click or tap here to enter text. |  | Click or tap here to enter text. |
| Name |  | Date |