 www.sfcp.org

A training institute of the American Psychoanalytic Association

**SUPERVISING ANALYST APPLICATION**

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| **FILLING OUT THIS APPLICATION** |
| The Supervising Analyst Committee strives to make application to become a Supervising Analyst as straightforward as possible. Please feel free to contact our Supervising Analyst Committee Chair, Holly Gordon, [hollygordon4@gmail.com](mailto:hollygordon4@gmail.com), with any questions about the application process. If any procedures are unclear at any point, please email our Education Program Coordinator Tina Phu ([tina.phu@sfcp.org](mailto:tina.phu@sfcp.org))  Prior to filling out this application, please carefully review the [Applying to Become a Supervising Analyst](https://www.sfcp.org/ped-become-a-supervising-analyst/) section of the SFCP website, and please reach out with any questions.  To fill out this Microsoft Word document, please type answers into the gray boxes in each section. Each gray box will expand to accommodate as much text as you wish to enter. **Please save this document frequently as you fill it out.** |

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| **PERSONAL INFORMATION** | | |
| Name: | | Credentials: |
| Date of Application: | | |
| Address: | | |
| Email: | | |
| Date of Birth: | | |
| Phone (office): | Mobile: | |

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| **PSYCHOANALYTIC EDUCATION** | |
| Graduation in Adult and/or Child Analysis – Please list all Institutes below | Year |
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| **CERTIFICATION (Not required for TA Appointment)** | |
| Certified by APsaA or the American Board of Psychoanalysis | YES, Dates        NO |

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| **PROFESSIONAL AFFILIATIONS** | |
| SFCP Member? | YES  NO |
| Other Psychoanalytic Institution Membership: |  |
| SFCP Faculty Member? | YES  NO |
| Other Faculty Positions: |  |
| APsA member? | YES  NO |
| IPA Member? | YES  NO |
| Training Analyst appointment at other APsA or IPA institutions: |  |

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| **LICENSURE** | |
| California Professional License Number: | |
| Professional Liability Insurance: | |
| **Board Certification**  **(if applicable):** | Certifying board:  Date of certification: |

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| **SFCP TRAINING ANALYST** |
| NO  YES, Date |

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| **SUPERVISION EXPERIENCE**  *SFCP Supervision Experience (please list and provide dates)* |
| 1 - |
| 2- |
| 3- |
| 4- |
| 5- |

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| *Other Supervision Experience (please list and provide dates)* |
| 1 - |
| 2- |
| 3- |
| 4- |
| 5- |
| 6- |
| 7- |
| 8- |

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| **ATTESTATION TO PSYCHOANALYTIC PRACTICE**  In order to become an SFCP Supervising Analyst, applicants must meet the following requirements:   1. Be five years post-graduation from an APsA or IPA institute 2. Be a member of SFCP in good standing 3. Show immersion, i.e., ***that you have seen at least four cases in three-to-five times per week psychoanalysis since graduation from training*** 4. Have experience with termination 5. Be in good ethical standing (see ethics attestation below).  *I attest to the following minimum requirements:* | |
| I have five years post-graduate psychoanalytic experience from an APsaA or IPA institute or equivalent training. | YES  NO |
| I am an Active Member, in good standing, of SFCP. | YES  NO |
| I have experienced the termination of a psychoanalysis. | YES  NO |
| I have treated at least 4 psychoanalytic cases in 3-5 times per week analysis post-graduation. | YES  NO |

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| **ATTESTATION OF SUPERVISORY STUDY**  In order to become an SFCP Supervising Analyst, applicants need to do one of the following:   1. Participate in an SFCP Supervision Study Group for 8 sessions 2. Attend a privately organized SA study group on supervision (If you elect to do this, please explain below.) 3. Meet with a senior SA mentor for 8 sessions | |
| Have you participated in a SFCP Supervising Analyst Study Group | YES, Dates        NO |
| Have you met with a senior SA mentor for 8 sessions | YES, Dates        NO |
| Have you been involved in other Supervision Education or Study Groups (please explain and provide dates) | YES, Dates        NO |
| Do you have a Supervising Analyst Appointments at Other APsA or IPA Institutes (please include date of appointment) | YES, Dates        NO |

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| Supervising Analyst applicants with meet with a Supervising Analyst appointment committee consisting of two supervising analysts for 2-3meetings to discuss psychoanalytic supervision. As part of these discussions, the SA applicant will present a psychoanalytic supervision. |

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| **SFCP CENTER-WIDE POLICIES**  **All applicants and enrollees in SFCP agree to submit an Ethics Attestation and abide by the SFCP Center-wide policies regarding nondiscrimination, disabilities and confidentiality. Please confirm each of these below:** |

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| **DEMOGRAPHIC INFORMATION** |
| SFCP values diversity in our training programs. We would appreciate you completing this [SFCP Demographic Su](https://docs.google.com/forms/d/e/1FAIpQLSefjrWLsydcgJsmzB2x_eyFM2iJS06pyuz8LxchD-8E--uiYQ/viewform)rvey for Applicants for the purposes of tracking demographic information in our applicants and enrollees. Your responses are NOT linked to your application, and will remain completely ANONYMOUS. |

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| **SFCP CONFIDENTIALITY POLICY** |
| All participants in SFCP programs commit to upholding the confidentiality of any clinical material discussed, including a commitment not to reference any clinical vignettes or clinical process material outside the classroom, even in disguised form. In addition, any process notes used in case conference (in print or electronic form) will be destroyed or returned to the presenter immediately following the case presentation.  I have read and agree to abide by this policy if I matriculate |

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| **SFCP NONDISCRIMINATION POLICY** |
| The San Francisco Center for Psychoanalysis accepts persons of any race, color, national origin, ethnic origin, religion, gender identification, sexual orientation, and persons with disabilities to all the rights, privileges, programs, and activities generally accorded or made available to individuals at the Center. It does not discriminate on the basis of race, color, national origin, ethnic origin, religion, gender identification, sexual orientation, or persons with disabilities in administration of its educational policies, admissions policies, scholarship programs, and other programs administered by the Center.  I have read and agree to abide by this policy. |

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| **SFCP POLICY ON ACCOMMODATION OF PERSONS WITH DISABILITIES** |
| The San Francisco Center for Psychoanalysis is committed to providing equal educational opportunities to persons with disabilities. The Center will make accommodations to allow individuals to participate in the Center’s programs, unless such accommodations would impose an undue hardship on the Center or fundamentally alter the nature of the Center’s educational program. Each accommodation request will be handled on a case-by-case basis. Individuals seeking an accommodation should contact the Administrative Director. In order for the Center to evaluate the request for accommodation, the individual requesting accommodation may be required to provide information from a health care provider concerning the need for accommodation. Such information will be kept confidential.    I have read and agree to abide by this policy if I matriculate. |

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| **DECLARATION OF LEGAL AND ETHICAL STANDING** | | |
| 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 to any of these questions is “Yes,” please explain at greater length: | | |

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| **SIGNATURE**  By entering your name and the date below, you acknowledge that all information in this application is true and accurate to the best of your knowledge. Electronic submission of this form by email is equivalent to your handwritten signature. | |
| Signature: | Date: |