 www.sfcp.org

A training institute of the American Psychoanalytic Association

**TRAINING ANALYST APPLICATION**

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| **FILLING OUT THIS APPLICATION** |
|  The Psychoanalytic Education Division strives to make application to become a Training Analyst as straightforward as possible. Please feel free to contact our Training Analyst Chair, Michael Donner, PhD, mbds@sbcglobal.net, 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).  Prior to filling out this application, please review the section the [Applying to Become a Training Analyst](https://www.sfcp.org/ped-become-a-training-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, Date       [ ]  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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| **ATTESTATION TO PSYCHOANALYTIC PRACTICE** In order to become an SFCP Training 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 treated 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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| **PRESENTATION OF CLINICAL MATERIAL IN COLLEGIAL SETTINGS**In order to become an SFCP Training Analyst, applicants need to demonstrate the ability to conduct psychoanalysis independently.  This requirement can be satisfied by:1. National Certification by the American Board of Psychoanalysis (ABP) or APsaA
2. Training Analyst appointment at an APsaA or IPA institute, or
3. Presentation of clinical material to a Training Analyst Appointment Panel.
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| Have you received by National Certification by the American Board of Psychoanalysis (ABP) or APsaA? | [ ]  YES [ ]  NO |
| Have you received Training Analyst appointment at an APsaA or IPA institute? | [ ]  YES [ ]  NO |
| If neither, please check yes here to indicate that you will be assigned a Training Analyst Appointment panel by the TA Chair. | [ ]  YES [ ]  NO |

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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:            |