



APPLICATION FOR MEMBERSHIP AS A PSYCHOANALYST

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

1. Please answer all questions and indicate 'none' where applicable
2. Please forward to NAAP:
  - A. An official transcript from the college or university that awarded you a graduate degree.
  - B. An official transcript with the institute's official seal attesting to your graduation from a psychoanalytic institute.
3. A non-refundable processing fee of \$50.00 is to be submitted with the application.

Name \_\_\_\_\_  
LAST FIRST MIDDLE

Address \_\_\_\_\_  
STREET CITY STATE ZIP CODE + 4

Email \_\_\_\_\_

Telephone Number (Home) \_\_\_\_\_ (Office) \_\_\_\_\_  
INCLUDE AREA CODE INCLUDE AREA CODE

**ACADEMIC HISTORY**

School: Graduate Only	Major	Degree	Year
1. _____	_____	_____	_____
2. _____	_____	_____	_____

**PROFESSIONAL TRAINING IN PSYCHOANALYSIS** Psychoanalytic Training

(Please submit complete transcripts of all training.)

Institutes: \_\_\_\_\_  
 1. \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ State Chartered: Yes \_\_\_\_\_ No \_\_\_\_\_

Certificate of Completion awarded (date) \_\_\_\_\_

2. \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ State Chartered: Yes \_\_\_\_\_ No \_\_\_\_\_

Certificate of Completion awarded (date) \_\_\_\_\_

**ADDITIONAL PSYCHOANALYTIC TRAINING** (Describe in detail)

**PERSONAL ANALYSIS**

(Letter from each analyst verifying required number of hours.)

1. Analyst's Name \_\_\_\_\_ Affiliation \_\_\_\_\_

Dates: (From) \_\_\_\_\_ (To) \_\_\_\_\_ Total Hours \_\_\_\_\_

2. Analyst's Name \_\_\_\_\_ Affiliation \_\_\_\_\_

Dates: (From) \_\_\_\_\_ (To) \_\_\_\_\_ Total Hours \_\_\_\_\_

3. Analyst's Name \_\_\_\_\_ Affiliation \_\_\_\_\_

Dates: (From) \_\_\_\_\_ (To) \_\_\_\_\_ Total Hours \_\_\_\_\_

**CONTROL ANALYSIS** (50 hours of supervision on one case)

**SUPERVISION** (Letter from each supervising analyst verifying number of hours required)

1. Control Analyst's Name \_\_\_\_\_ Affiliation \_\_\_\_\_

Dates: (From) \_\_\_\_\_ (To) \_\_\_\_\_ Total Hours \_\_\_\_\_

2. Supervisor's Name \_\_\_\_\_ Affiliation \_\_\_\_\_

Dates: (From) \_\_\_\_\_ (To) \_\_\_\_\_ Total Hours \_\_\_\_\_

3. Supervisor's Name \_\_\_\_\_ Affiliation \_\_\_\_\_

Dates: (From) \_\_\_\_\_ (To) \_\_\_\_\_ Total Hours \_\_\_\_\_

*\* Note: Control Analyst and supervisors cannot be one's personal analyst*

**PROFESSIONAL EXPERIENCE IN PSYCHOANALYSIS**

1. Professional Title \_\_\_\_\_

2. Psychoanalytic School of Thought (Adlerian, Eclectic, Ego Psychology, Existential, Freudian, Jungian, Modern Freudian, Object Relations, Self-Psychology, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

3. Professional Experience (Dates of practice: private, agency and clinic, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Teaching Experience  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Indicate membership in professional organizations.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Give titles and dates of publication of articles and/or books. (Bibliography may be attached.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I have read the NAAP Code of Ethics and as a condition of membership agree to abide by these standards of professional conduct.*

Date \_\_\_\_\_

Signature \_\_\_\_\_