



SPECIALTY SPECIFIC REQUIREMENTS FOR APPLICATION IN PSYCHOANALYSIS

Instructions: ****DO NOT PRINT**** This document is a fillable pdf doc. Where applicable the spaces will expand as the text is entered. If a number is requested and a character is entered, the response will revert to 0. If a date field is asked you must enter in m/d/yyyy or you will receive an error message. Please save this doc as you work on it and when completed download to the generic application.

Name of Applicant:

Email:

- **Are you a graduate of a training program in psychoanalysis?** Yes No

If yes, please provide a photocopy of Certificate of Graduation.

If yes, Name of the Program:

Years attended: From:

To:

Year of Graduation or Diploma:

Please note: ABAPsa reserves the right to request more information about your course of study during institute training as well as any other information it deems pertinent to your application for specialty status. You will be contacted by the ABAPsa credential review coordinator if further information is required.

- **Are you Board Certified in Psychoanalysis by any other Specialty Board?**

If yes, please list and you will need to provide a photocopy of each Certification:

- As a graduate of a psychoanalytic training program with a minimum of 10 years experience post graduation (15 years of practice following licensure), you may be eligible to apply via our “senior option.” **Please note:** Candidates with equivalent training are **ineligible** for the senior option.

--I wish to apply for certification via the “Senior” procedural option.

- I am **not** a graduate of a psychoanalytic training program and wish to apply on the basis of training and experiences I believe are equivalent.

Equivalent training includes overall curriculum of study: 1) didactic curriculum courses 2) personal analysis and 3) supervision should emphasize the primary elements of the process of psychoanalysis. These elements include the core learning objectives supporting the discovered understanding of experiences previously partially or:

- a) Completely outside a person's awareness, including those in the realms of emotion, motivation and behavior.
- b) Understanding and working with necessary reactivations of life experience in the history of an analyst, which then informs the psychoanalysis and leads to a reduction of an analyst's distress.
- c) Appreciating and understanding the strong influences on an individual analyst of factors such as race, trauma, class status, education, religious/spiritual orientation, and other psychological, social, and cultural influences.
- d) Working with transference and counter-transference phenomena and with specific techniques aimed at expanding the analyst's self-understanding.
- e) Helping the analyst to achieve a greater degree of inner harmony and balance.
- f) Helping the analyst to live a more creative, productive, satisfying, and mindful life.

The didactic curriculum will contain integrated sequences covering:

- a) History of psychoanalysis
- b) Normative and pathological psychological development
- c) Psychoanalytic theories and psychoanalytic techniques from the beginning of Sigmund Freud to the present.
- d) Conference, study groups, directed readings, and continuous case seminars will be provided to broaden the clinical experience and help support and integration of diverse theoretical perspectives with the clinical practice of the specialty of psychoanalysis.

IMPORTANT: If you are **not** a graduate of a psychoanalytic training institute and thus are applying on the basis of equivalent training, please list the psychoanalytic courses and seminars which you have completed below. *Institute graduates and those applying as Senior candidates may proceed directly to Section IV* (Additional Information).

I. COURSE OF STUDY

First Course/Seminar

Title of Course or Seminar:

Name of Instructor:

Affiliation of Instructor:

Years in which attended:

Approximate # of Meetings:

Was the course or seminar privately organized?

Name and Address of Institute where course or seminar was offered:

Second Course/Seminar

Title of Course or Seminar:

Name of Instructor:

Affiliation of Instructor:

Years in which attended:

Approximate # of Meetings:

Was the course or seminar privately organized?

Name and Address of Institute where course or seminar was offered:

Third Course/Seminar

Title of Course or Seminar:

Name of Instructor:

Affiliation of Instructor:

Years in which attended:

Approximate # of Meetings:

Was the course or seminar privately organized?

Name and Address of Institute where course or seminar was offered:

Continue with same format if necessary:

II. PERSONAL ANALYSIS is expected to be conducted in accordance with the requirements of your psychoanalytic training program or institute, or in collaboration with your analyst with regards to frequency and duration if you are applying under the equivalent training criteria option. Please note any deviations and provide a rationale in a separate document.

Please list all your experiences in personal analysis which have contributed to your analytic training.

1-Name of Analyst (Optional):

Analyst's Affiliation:

If the analyst was formally designated as a training analyst in a psychoanalytic training program, please indicate the name and address of the program:

Years during which analysis took place: From:

To:

2-Name of Analyst (Optional):

Analyst's Affiliation:

If the analyst was formally designated as a training analyst in a psychoanalytic training program, please indicate the name and address of the program:

Years during which analysis took place: From:

To:

3-Name of Analyst (Optional):

Analyst's Affiliation:

If the analyst was formally designated as a training analyst in a psychoanalytic training program, please indicate the name and address of the program:

Years during which analysis took place: From: _____ To: _____

III. SUPERVISED ANALYTIC WORK

All supervision will be conducted by certified psychoanalysts. The number of supervised cases, length of supervision, and total number of supervision hours are expected to be in accordance with the requirements of your training institute or program. Please note any deviations and provide a rationale in a separate document.

Please list major analytic supervisions.

1-Name of Analyst: _____ Analyst's Affiliation: _____

If the analyst was formally designated as a training analyst in a psychoanalytic training program, please indicate the name and address of the program:

2-Name of Analyst: _____ Analyst's Affiliation: _____

If the analyst was formally designated as a training analyst in a psychoanalytic training program, please indicate the name and address of the program:

3-Name of Analyst: _____ Analyst's Affiliation: _____

If the analyst was formally designated as a training analyst in a psychoanalytic training program, please indicate the name and address of the program:

Continue in the same format if necessary:

Patient #1 was presented in supervision at the frequency of _____ supervisory hour(s) per week, for a total of _____ supervisory hours.

Was supervision on one continuous case? Yes _____ No _____

If supervision was on more than one case, how many cases were presented to this supervisor?

Years in which supervision took place: From: _____ To: _____

Patient #2 was presented in supervision at the frequency of _____ supervisory hour(s) per week, for a total of _____ supervisory hours.

Was supervision on one continuous case? Yes _____ No _____

If supervision was on more than one case, how many cases were presented to this supervisor?

Years in which supervision took place: From: _____ To: _____

Patient #3 was presented in supervision at the frequency of _____ supervisory hour(s) per week, for a total of _____ supervisory hours.

Was supervision on one continuous case? Yes _____ No _____

If supervision was on more than one case, how many cases were presented to this supervisor?

Years in which supervision took place: From: _____ To: _____

IV. ADDITIONAL INFORMATION

List memberships in professional or learned organizations and level of membership (e.g. Member, Fellow, etc) for APA, include Division membership(s).

- a. State or Provincial Psychological Association
- b.
- c.

Are you engaged in private practice of psychology? Yes _____ No _____

If yes, Part Time _____ Full Time _____

NOTE: If the applicant engages in any form of private practice in psychology, samples of publicity and promotional materials, including letterheads, business cards and website address and any online listings/advertisements should be included with the application.

REMINDERS

Check list of required items

Official Doctoral Transcripts sent directly from the Institution - Date sent (m/d/yyyy):

CV

Copy of each Certificate of Board Certified in Psychoanalysis by any other Specialty Boards.

Copy of Certificate of Graduation

Private Practice (samples of publicity and promotional materials)

Save this form on your computer so that you will be able to upload when completing the application.

Complete the Online Application:

<http://www.abpp.org/i4a/pages/index.cfm?pageid=3661>

All application materials should be submitted to:

ABPP Central Office
600 Market Street, Ste. 201

Chapel Hill, NC 27516
Phone: 919-537-8031
Fax: 919-537-8034
office@abpp.org