

American Academy of Psychoanalysis and Dynamic Psychiatry

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Mission Statement

The American Academy of Psychoanalysis and Dynamic Psychiatry is a national medical association founded in 1956. We are an affiliate organization of the American Psychiatric Association. The aims of the Academy are:

1. To provide a forum for expression of ideas, concepts, and research in psychoanalysis and dynamic psychiatry.
2. To constitute a forum for expression of and inquiry into the phenomena of individual motivation and social behavior.
3. To encourage and support research in psychoanalysis and dynamic psychiatry.
4. To develop communication among psychoanalysts, psychiatrists, and their colleagues in other disciplines in science and in the humanities.

Application for Membership

Name: _____

Please check membership category (check only one):

- Psychiatric Associate Member:** I am currently enrolled in an approved RRCP-ACGME psychiatric residency **OR** I am a practicing psychiatrist with an interest in dynamic psychiatry who does not meet the criteria for Psychiatric Member.
- Psychiatric Member:** (category with full voting privileges and right to hold office): I am a licensed physician with an interest in dynamic psychiatry and psychoanalysis. I have completed an approved RRCP-ACGME psychiatric residency and have been in clinical practice for over two years. I have completed 100 hours or more of individual psychodynamic therapy or psychoanalysis. I have treated two or more psychodynamic therapy cases, each supervised for at least 40 hours. I have received credit for training in psychodynamic therapy and practice for 100 hours or more (may include courses during or after residency training and attendance to conferences).
- Psychiatric Fellow:** (category with full voting privileges and right to hold office): I meet all the requirements for Psychiatric Membership and have also made significant contributions to the field and/or to the Academy, such as: recognized academic standing, scholarly publications, significant research, public health contributions, organizational leadership, etc; or service to the Academy as an Officer, Trustee, meeting program chair, major committee chair, publication editor or editorial board member, etc.
- Psychoanalytic Fellow:** (category with full voting privileges and right to hold office): I am a licensed physician with an interest in dynamic psychiatry and psychoanalysis. I have completed an approved RRCP-ACGME psychiatric residency. I have graduated from an institute for psychoanalytic training **and/or** fulfill the AAPDP fellowship training requirements: training analysis of 300 hours or more with a frequency of at least three sessions per week; a minimum of three years of coursework consisting of at least 320 hours of classes or seminars; treatment of a minimum of three analytic patients under supervision: supervision of each control case for a minimum of 40 hours with at least three supervisors other than the training analyst.
- Scientific Associate:** I have received a written invitation to apply from Executive Council.

1. BIOGRAPHICAL INFORMATION

LAST NAME	FIRST NAME	MI	DEGREE
PREFERRED MAILING ADDRESS	<input type="checkbox"/> HOME	<input type="checkbox"/> OFFICE	
SECONDARY ADDRESS:	<input type="checkbox"/> HOME	<input type="checkbox"/> OFFICE	
()	()		
AREA CODE AND HOME TELEPHONE	AREA CODE AND OFFICE TELEPHONE		
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AREA CODE AND FAX NUMBER	EMAIL ADDRESS		
DATE OF BIRTH	MM/DD/YY		

2. ACADEMIC TRAINING

A. ALL APPLICANTS:

COLLEGE	DEGREE	YEAR OF GRADUATION
GRADUATE SCHOOL	DEGREE	YEAR OF GRADUATION
MEDICAL SCHOOL		YEAR OF GRADUATION
PSYCHIATRIC RESIDENCY		YEAR OF GRADUATION
POST RESIDENCY FELLOWSHIP TRAINING		YEAR OF GRADUATION
BOARD CERTIFICATION (ADULT)		DATE
BOARD CERTIFICATION (SUB-SPECIALTY)		DATE
MEDICAL LICENSE #	STATE	DATE ISSUED

B. PSYCHIATRIC MEMBERS:

PSYCHODYNAMIC PSYCHOTHERAPY TRAINING / CERTIFICATION COURSE	
OTHER COURSES, CONFERENCES, SEMINARS	TOTAL # OF HOURS
ANALYST/THERAPIST	TOTAL # OF HOURS
CASE NO. 1 – NAME OF SUPERVISOR	HOURS OF SUPERVISION
CASE NO. 2 - NAME OF SUPERVISOR	HOURS OF SUPERVISION

C. PSYCHIATRIC FELLOWS:

Please complete the section for Psychiatric Member and provide a relevant Curriculum Vitae and a Statement of Qualification that enumerates your specific achievements that meet the criteria for Psychiatric Fellowship.

- Academic and Organizational Recognition
- Scholarly and Research Contributions
- Clinical Contributions
- Community and Public Health Contributions
- Service To the Academy
- Academy Positions Held
- Additional Significant Contributions

D. PSYCHOANALYTIC FELLOWS:

PSYCHOANALYTIC INSTITUTE		YEAR OF GRADUATION (if applicable)
INSTITUTE'S TRAINING DIRECTOR		TELEPHONE
DATES OF ANALYSIS	FREQUENCY OF SESSIONS	TOTAL HOURS
CASE NO. 1 - NAME OF SUPERVISOR		HOURS OF SUPERVISION
CASE NO. 2 - NAME OF SUPERVISOR		HOURS OF SUPERVISION
CASE NO. 3 - NAME OF SUPERVISOR		HOURS OF SUPERVISION

3. PROFESSIONAL SERVICE

CURRENT POSITION	PLACE OF EMPLOYMENT	YEARS
CURRENT ACADEMIC APPOINTMENT		
PRIVATE PRACTICE LOCATION	YEARS	

4. SPONSORSHIP

Please list two Academy members who are sponsoring your application. Please notify them in advance and have them send a letter of recommendation on your behalf directly to the Academy office (YOU MAY VISIT OUR WEB SITE MEMBERSHIP ROSTER TO IDENTIFY POTENTIAL SPONSORS):

SPONSOR # 1	SPONSOR # 2
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5. DOCUMENTATION

Please check all that apply. (To avoid unnecessary delay, be sure to submit appropriate documentation):

- Current Curriculum Vitae (all applicants)
- Copy of Current Medical License (Fellow, Psychiatric Member)
- Copy of Psychodynamic Psychotherapy Certificate (Psychiatric Member, Psychiatric Fellow, if applicable)
- Letter of Qualifications (Psychiatric Fellow)
- Copy of Psychoanalytic Training Certificate (Fellow, if applicable)

6. ETHICS

Has your license to practice medicine ever been revoked or suspended?

YES NO

Have you ever been found guilty of illegal or unethical professional conduct by a regulatory or law enforcement agency or by a professional society?

YES NO

Are you currently the subject of an ethics investigation by a regulatory or law enforcement agency or by a professional society?

YES NO

If YES to any or the three preceding questions please furnish details in a confidential letter addressed to the AAPDP Membership Committee Chair and attach it to this application.

7. SIGNATURE

I hereby apply for membership of the American Academy of Psychoanalysis and Dynamic Psychiatry. I hereby consent to permit the American Academy of Psychoanalysis and Dynamic Psychiatry to contact the facilities at which I trained and/or the references I have provided as part of this application. I affirm that all the information included in this application is true, accurate and complete and understand that the academy is relying on the information I have provided as part of the application process.

SIGNATURE

DATE

It is the Academy's policy not to discriminate on the basis of age, sex, sexual preference, national origin, race and/or religion.