

American Academy of Psychoanalysis and Dynamic Psychiatry

One Regency Drive ♦ Post Office Box 30 ♦ Bloomfield, CT 06002-0030

Phone 888-691-8281 ♦ Fax 860-286-0787

E-mail info@AAPDP.org ♦ Website www.AAPDP.org

Mission Statement

The American Academy of Psychoanalysis and Dynamic Psychiatry (AAPDP) is a national medical association founded in 1956. We are an affiliate organization of the American Psychiatric Association (APA). 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 the membership category for which you are applying (check only one). Questions may be addressed to Scott C. Schwartz, M.D., Secretary of the Academy and Chair of the Membership Committee: 212-734-0531 or scottschwartz829@gmail.com.

- Medical Student Member:** I am a medical student enrolled in a US or Canadian medical school, pursuing an M.D. or D.O. degree, or a student enrolled in a medical school in another country recognized by the World Health Organization for the granting of such degrees.
- Member-in-Training:** I am currently enrolled in an approved RRCPC-ACGME psychiatric residency or fellowship program.
- Psychiatric Member:** (category with full voting privileges and right to hold office): I am a licensed physician meaningfully engaged with dynamic psychiatry or psychoanalysis. I have completed an approved RRCPC-ACGME psychiatric residency.
- 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 RRCPC-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.

BIOGRAPHICAL INFORMATION (all applicants)

LAST NAME	FIRST NAME	MI	DEGREE
-----------	------------	----	--------

PREFERRED MAILING ADDRESS	<input type="checkbox"/> HOME	<input type="checkbox"/> OFFICE
---------------------------	-------------------------------	---------------------------------

() PREFERRED TELEPHONE	() ALTERNATE TELEPHONE
----------------------------	----------------------------

() FAX NUMBER	EMAIL ADDRESS
-------------------	---------------

DATE OF BIRTH

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
-------------------	-------	-------------

MEDICAL STUDENT MEMBERS:

At this point in your medical training, please briefly describe your areas of special interest. What appeals to you about psychodynamic psychiatry?

MEMBERS-IN-TRAINING:

At this point in your psychiatric training, briefly describe any areas of special interest within psychiatry. What appeals to you about psychodynamic psychiatry?

PSYCHIATRIC MEMBERS:

If you believe your Curriculum Vitae does not adequately include didactic training in psychodynamic therapy, courses, programs, psychodynamic supervision, or other indications of meaningful interest in psychodynamic psychiatry, please briefly describe how your experience and point of view meet this criteria. You may include personal psychodynamic therapy or psychoanalysis, or other activities related to psychodynamic psychiatry in which you are currently engaged or intend to undertake in the near future. Feel free to add additional pages.

PSYCHIATRIC FELLOWS:

Please 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

PSYCHOANALYTIC FELLOWS:

PSYCHOANALYTIC INSTITUTE	YEAR OF GRADUATION
--------------------------	--------------------

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
---------------------------------	----------------------

PROFESSIONAL SERVICE (all applicants)

CURRENT POSITION	PLACE OF EMPLOYMENT	YEARS
------------------	---------------------	-------

CURRENT ACADEMIC APPOINTMENT		
------------------------------	--	--

PRIVATE PRACTICE LOCATION		YEARS
---------------------------	--	-------

SPONSORSHIP (all applicants)

Please list two Academy members who are sponsoring your application. Sponsors must be voting members of the AAPDP (limited to Psychiatric Member, Psychiatric Fellow, or Psychoanalytic Fellow). Please notify them in advance and have them send a letter of recommendation on your behalf directly to the Academy office. You may visit the AAPDP website Membership Roster or contact the AAPDP Executive Office to identify potential sponsors.

SPONSOR # 1

SPONSOR # 2

DOCUMENTATION INCLUDED WITH APPLICATION

Please check all that apply. To avoid unnecessary delay, be sure to submit the appropriate documentation for your membership category.

- Current Curriculum Vitae (all applicants)
- Copy of Current Medical Student ID (Medical Student Members)
- Letter from Medical School verifying you are a student in good standing (Medical Student Members)
- Copy of Current Medical License (Fellow, Psychiatric Member, Member-in-Training)
- Copy of Psychodynamic Psychotherapy Certificate (Psychiatric Member, Psychiatric Fellow - if applicable)
- Letter of Qualifications (Psychiatric Fellow)
- Copy of Psychoanalytic Training Certificate (Fellow, if applicable)

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.

HOW DID YOU LEARN ABOUT THE AAPDP?

- Current or Past Member of AAPDP
- American Psychiatric Association (APA)
- Internet/Website
- Teichner Scholar Program
- Meeting (specify which)

Other (please specify)

SIGNATURE

I hereby apply for membership of the American Academy of Psychoanalysis and Dynamic Psychiatry (AAPDP). I hereby consent to permit the AAPDP 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.