

MICHIGAN PSYCHOANALYTIC COUNCIL

Application for Certification in Adult Psychoanalysis of Non-MPC Analysts

Instructions:

Applicants are requested to complete this application form.

Please also:

1. Include a non-refundable application fee of one hundred dollars (\$100.00). Make check or money order payable to: *Michigan Psychoanalytic Council*.
2. Arrange for official transcripts of all prior analytic certification or training to be submitted.
3. Provide two letters of recommendation from professionals in your field who know you and are familiar with your work.
4. Make arrangements with the Vice President of Programs to present a paper to the MPC membership at a Sunday Scientific Meeting. With this application include two copies of the paper and the date arranged for presentation. A presentation to the membership is a required element of applying for certification.
5. Demonstrate active involvement in MPC. We certify outside analysts to the extent that they serve to enhance the organization. Your interest and commitment to MPC may be demonstrated in various ways such as through attendance at monthly meetings, participation on committees, teaching elective courses, etc. You may include a statement outlining your particular reasons for wishing to join the ranks of MPC analysts and how your talents will help move MPC forward.

Applicants must be members of MPC in order to apply.

Mail 2 copies of completed application to the Vice-President of Certification:

Reena Liberman, M.S.
1207 Packard Street
Ann Arbor, MI 48104

Or Email completed application to: rmliber@gmail.com

For further information contact the Vice-President for Certification, Reena Liberman, by phone at 734.741.1655 or email at rmliber@gmail.com.

MICHIGAN PSYCHOANALYTIC COUNCIL
APPLICATION FOR CERTIFICATION
FOR NON-MPC PSYCHOANALYSTS

Name _____ Date _____
Address _____
Phone (O) _____ (H) _____ (C) _____
E-Mail _____

Personal Analysis: *Must extend for a minimum period of 400 sessions of continuous treatment, over a minimum of three years. A minimum of three sessions per week on separate days is required. Sessions should be at least 45 minutes in length. Personal psychoanalysis must be concurrent with analytic training.*

Name of Training Institute _____
Name of Analyst _____
Date Analysis began _____
Number of analytic sessions per week _____
Date Analysis ended (or if ongoing) _____
Total hours of continuous analytic treatment with frequency of 3x per week or more:

Supervision: *The applicant is required to complete at least 200 hours of weekly supervision on cases seen three or more sessions per week. Supervision must be completed during analytic training. Applicant must have supervision on at least two cases with at least two different supervisors. Applicants may have three or four cases and three or four supervisors, provided that each case is supervised by a particular supervisor for at least 40 continuous supervisory sessions. Please explain if training falls outside this framework.*

Name of Supervisor _____
Number of sessions per week patient seen _____
Total continuous hours of supervision while seeing patient 3 times per week or more

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7/13/2013

Paper Presented to MPC

Date _____

Title _____

Letters of Reference

Please provide two letters of reference from professionals in your field who know you and are familiar with your work. You may include these letters with this application or have them mailed or emailed to the Vice-President for Certification.

Attachments

Please attach vita.

Please attach letter or transcript from training institute documenting training and certification.

Please attach complete list of Courses taken for prior analytic certification including credit hours, instructors, and dates taken. (Demonstrating the equivalent of 530 hours of coursework)

Please include a non-refundable application fee of one hundred dollars (\$100.00). Make check payable to: Michigan Psychoanalytic Council.

Interviews will be assigned with two MPC analysts.

Outside Analyst Certification Checklist (for file):

Application Form:

____ Fulfills Analysis Requirement (3 years continuous txt)
____ Total # of analysis hrs

____ Fulfills Supervision Requirement (200 hours, 40 hrs/case, 3x/wk)
____ Total # of supervision hours

____ Fulfills Coursework Requirement
____ Total # of course credits

Vita:

____ Educational Record

____ Clinical Training

____ License or Certification to practice

____ Current work experience

Training Documentation from Original Institute:

____ Letter or

____ Transcript

Two Letters of Recommendation:

Presentation:

Title: _____

Date presented: _____

Two Interviews:

Assigned _____ Reported favorably: _____

Assigned _____ Reported favorably: _____

Application fee:

____ \$100

____ Check Number