

Psychoanalyst Form 2 Certification of Psychoanalytic Study

Applicant Instructions

1. Complete Section I and sign and date item 9.
2. Send the entire Form 2 to the institution(s) you completed your Psychoanalytic studies, including any fee required by the institution, and have the registrar complete Section II and return all pages in an official school envelope directly to the Office of the Professions at the address at the end of this form. Form 2 will not be accepted if submitted by the applicant or if it is received in a personal envelope.
3. If you completed a program that is not registered by the Department as licensure qualifying or ABAP accredited, **you must attach a Form 2INT** to also be completed and submitted by the Registrar. **To verify that a program is licensure qualifying, please go to www.nysed.gov/heds/IRPSL1.html for New York State Programs, and www.abapinc.org for out-of-state programs.**

Section I: Applicant Information

1. Social Security Number _____
(Leave this blank if you do not have a U.S. Social Security Number)
2. Birth Date Month Day Year
3. Print Name Last
 First
 Middle
5. Telephone/Email Address
Daytime Phone
 Home or Business

Area Code Phone
Email Address (please print clearly)
 Home or Business
4. Mailing Address Home or Business
(You must notify the Department within 30 days of any address or name changes)
Line 1 _____
Line 2 _____
Line 3 _____
City _____
State ZIP Code _____
Country/
Province
6. New York State DMV ID Number
(Driver or Non-Driver ID)

(Leave this blank if you do not have a New York State DMV ID Number)

7. Name as it appears on your Certificate _____

8. Name of institution attended _____

Address of institution _____

Title of Certificate awarded (in original language) _____

Date Certificate awarded _____
 mo. yr.

9. I request and give my permission to the institution listed in item 8 above to complete Section II of this form and mail it to the Office of the Professions at the address at the end of this form, and to release any other information requested by the State Education Department in connection with my application.

Signature _____ Date _____

Section II: Certification of Professional Education

Instructions to the Registrar: Complete Part A or Part B, and complete and sign the Certification. Return the entire form along with any required documentation in an official school envelope directly to the Office of the Professions at the address at the end of this form. **Form 2 will not be accepted if submitted by the applicant.**

Name of the applicant _____
(see Section I, item 7)

Part A - Psychoanalysis Program Registered by the New York State Education Department (NYSED) as licensure qualifying or ABAP accredited: To be completed only by those schools whose Psychoanalysis program was, at the time the applicant's degree was awarded, registered by the NYSED as licensure qualifying.

It is certified that the applicant:

completed the program on _____ mo. _____ day _____ yr. and was awarded the degree/diploma of _____
(Title of degree/diploma)
in the program area or major of _____
(Title)
on the date of _____ mo. _____ day _____ yr.

Part B - All other programs. An official transcript or marksheet giving courses completed by year and grades and a syllabus on the course of studies completed must be attached.

1. Date of applicant's entrance, and either the applicant's date of completion of studies or withdrawal from the school

Entrance Date _____ mo. _____ day _____ yr. Completion Date _____ mo. _____ day _____ yr.
 Withdrawal Date _____ mo. _____ day _____ yr.

2. Certificate awarded _____

3. Date certificate awarded _____ mo. _____ day _____ yr.

Name of the accrediting body or official organization that recognizes this program

Date of Accreditation _____ mo. _____ day _____ yr.

Address of the accrediting body or official organization that recognizes this program

Section II - Certification of Professional Education (Continued)

Part B (continued) - List the course(s) that meets the curriculum content for psychoanalysis. *The course(s) listed must be included on the official transcript provided by the graduate program. If the content was covered in more than one course, specify the areas covered in each course. The program of study must be at least 1,350 clock hours in the required content areas.*

Required Content Area	Course Number, Title and Clock Hours
<ul style="list-style-type: none">● Coursework - at least 405 clock hours of classroom instruction including at least 45 clock hours in each of the following areas:<ul style="list-style-type: none">a. personality development;b. psychoanalytic theory of psychopathology;c. psychoanalytic theory of psychodiagnosis;d. sociocultural influence on growth and psychopathology;e. practice technique (including dreams and symbolic processes);f. analysis of resistance, transference, and countertransference;g. case seminars on clinical practiceh. practice in psychopathology and psychodiagnosis; andi. professional ethics and psychoanalytic research methodology;● personal psychoanalysis - at least 300 clock hours of personal psychoanalysis;● supervised analysis - at least 150 clock hours of supervised analysis of the student's psychoanalytic case as follows:<ul style="list-style-type: none">a. 50 clock hours of individual supervision with one supervisor working on one case; andb. at least 100 clock hours of individual supervision with another supervisor working on one or more additional cases; and● clinical experience - at least 300 clock hours of supervised clinical experience in the practice of psychoanalysis (see Experience Requirements section for additional information regarding requirements for supervised experience)	

Certification - To be completed by the Registrar. This form will not be accepted if the date below precedes the date in either Part A or Part B.

I hereby certify that to the best of my knowledge and belief the information in Section II is a true statement of the educational record of the individual named on this form.

Signature of Registrar

Date

Print Name

Title or official position

Institution

Address

Telephone

Fax

Email

Seal

Return Directly to: New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Psychoanalysis Unit, 89 Washington Avenue, Albany, NY 12234-1000.