

VIRGINIA PSYCHOANALYTIC SOCIETY

AN AFFILIATE SOCIETY OF THE AMERICAN PSYCHOANALYTIC ASSOCIATION

PRESIDENT
Kathleen Dring, JD, PsyD
101 N. Lynnhaven Road
Suite 301
Virginia Beach, VA 23452

Dear Applicant:

Thank you for your interest in joining the Virginia Psychoanalytic Society.

Please send the following materials to me at the above address:

- 1) A copy of your current Virginia license
- 2) A copy of your certificate from the (nonpsychoanalytic) institution or school that conferred your highest degree.
- 3) A copy of your diplomas from psychoanalytic, postgraduate, and other training (e.g.: residency, internship, psychoanalytic courses or continuing education courses), as these apply to the psychoanalyst member and clinical member categories
- 4) Completion of pages 3, 4, and 5 of this packet
- 5) Your current CV
- 6) Name of your sponsor
- 7) A check for one year's dues (see enclosed dues structure). If, for any reason, you do not become a member of the Society, the dues check will be returned.

Note that all applicants must be sponsored by a Psychoanalyst Member or Clinical Member. Please have your sponsor submit a written recommendation on your behalf.

If you do not know of a current member who may sponsor you, please contact our current President (Kathleen Dring, Psy.D; drkdring@gmail.com) or John Russell, MD, our Membership Chair (johnrussell206@gmail.com). If you would like to attend a meeting before you join, please feel free to join us.

When all materials are received, you will be reviewed by the Membership Committee, and if all your credentials are in order, you will be recommended to the Executive Committee for a vote.

Kathleen Dring, JD, PsyD
Enclosures

INFORMATION SHEET

Process for contact of supervisors, therapists, analysts, and teachers in regard to applicants for Clinical Membership:

As a rule, the Membership Committee will simply request *verification* from prior and current analysts and therapists that the number of hours listed on this application is approximately correct. Similarly, we will simply request that prior and current supervisors *verify* the number of hours and dates listed. As far as educational programs, we may also *verify* through your certificate or through contact with the educational institutions you attended that the information is accurate. Special situations (e.g., death of former analyst) will be handled on a case-by-case basis.

Virginia Psychoanalytic Society Dues

Membership Category	Dues
Psychoanalyst and Clinical Members	\$140 / year
Associate Members	\$90 /year
Trainee	\$25 / year
Emeritus	\$0

Virginia Psychoanalytic Society Application

Category applying for (please check one)

Psychoanalyst Member:

I am a graduate of a Psychoanalytic Institute accredited by the American Psychoanalytic Association or The International Psychoanalytical Association

Name of Psychoanalytic Institute _____

Address _____

Date of Graduation _____

Please enclose a copy of your certificate of graduation from the Psychoanalytic Institute you attended.

Clinical Member:

I have had a minimum of 300 hours of training in psychoanalysis, as follows:

____ hours of personal psychoanalysis with _____

(Address) _____

(Dates year-year) _____ Approx # of sessions _____

____ hours of personal analytic psychotherapy with _____

(Address) _____

(Dates) _____ Approx # of sessions _____

____ hours of psychoanalytically oriented supervision with _____

(Address) _____

(Dates) _____ Approx # of meetings _____

Hours of psychoanalytic education at

(Dates) _____ Hours _____ (course/location) _____

(Dates) _____ Hours _____ (course/location) _____

(Dates) _____ Hours _____ (course/location) _____

(Dates) _____ Hours _____ (course/location) _____

Associate Member:

I am: a mental health practitioner, licensed in Virginia, with an interest in psychoanalysis, or a trainee in a mental health discipline.

Name _____ Terminal Degree _____ [I am an L.P.C.]

Please enclose a copy of your diploma from the institution that awarded your terminal degree

Address (office) _____

City, State, Zip _____

Phone (office) (____) _____ Phone (Home) (____) _____

Address (Home) _____

Fax (____) _____ Email Address _____

Sponsor's name (must be a Member of the Virginia Psychoanalytic Society)

WAIVER

I hereby authorize the Virginia Psychoanalytic Society, its Membership Committee and its officers to obtain whatever verification is necessary to confirm my statements and representations hereinabove regarding 1) my education, supervision, psychoanalytic treatment; 2) my licensure history; 3) any disciplinary actions ever taken against me; and 4) whatever other information they may request, in order to process this application. If I am an applicant for Clinical Membership, I understand that members of the Membership Committee or other officers of the Virginia Psychoanalytic Society may have contact with all therapists and supervisors whom I have consulted, and I agree to hold those members and the Society harmless for any and all communications with these persons and any ramifications which may occur pursuant to those communications.

Signature

Date

Virginia Psychoanalytic Society Questionnaire

Name _____ Date _____

Please answer both questions "yes" or "no". Mark N/A if not applicable.

Attach a separate sheet to explain any "yes" answer.

- | | <u>YES</u> | <u>NO</u> | <u>N/A</u> |
|--|--------------------------|--------------------------|--------------------------|
| 1. Have you ever been subject to disciplinary action by a Virginia (or other) licensing board, professional organization or by any university? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever had your license to practice suspended, revoked, or otherwise modified by Board action in any location? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Currently licensed by Virginia Board of _____

Certificate # _____ Expires _____

I attest to the above being true to the best of my knowledge.

Signature

Date