



PRIOR APPROVAL FORM SUPERVISION

See attached Guidelines for Evaluation

Candidate Name: _____ Signature: _____

Date: _____

Supervisor Name: _____ Signature: _____

Are you a Member of NPI? Yes _____ No _____

Control Case Supervision Requirements:

- Supervisor must be a member of NPI.
- Supervisor must be pre-approved.
- Supervisor must be a qualified Training and Supervising Analyst.
- Patient is seen at appropriate times per week in a continuous process.
- Patient must be a minimum of 18 years old.
- Supervisor will provide an evaluation at the completion of each Control Case. This includes the submission by the candidate of a paper after 25 and 50 hours of supervisory work.
- Research Analyst must have case approved by Training Committee prior to beginning supervision

PSYCHOANALYST: I have read the Control Case Supervision Requirements

Initial

CANDIDATE: I have read the Control Case Supervision Requirements

Initial

AUTHORIZATION

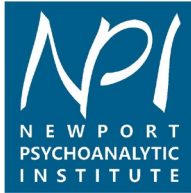
Approved by the Training Committee: _____ Date of Approval: _____

Denied by Training Committee: _____ Date of Denial: _____

Reason:

Authorized Signature: _____
Training Committee Chair

Date: _____



GUIDELINES FOR WRITTEN EVALUATIONS BY CONTROL CASE SUPERVISORS

Written Evaluations:

Supervisors are required to complete a written evaluation for each candidate at:

1. The end of the pre-matriculation control case hours, and
2. The conclusion of the 50 supervisory hours for each of three control cases

Evaluations are **not** required for the additional 50 supervisory hours.

For Pre-matriculation Case Supervision: note that at eight (8) hours of supervision over cases, the candidate may petition to the Training Committee to sit for the matriculation interview. The remaining hours of supervision will be added to matriculation supplemental hours.

Verification of Individual Training Summary is due at:

1. Pre-matriculation Supervision over cases: end of 25 hours.
2. Matriculation Supervision over 1st, 2nd, and 3rd Control Cases: end of first 25 hours and again at end of second 25 hours.

Please include the following basic information in your evaluations:

1. Beginning and ending dates for the first 25 hours
2. Beginning and ending dates for the second 25 hours
3. Age of the analysand (**must** be 18 or over)
4. Gender of analysand
5. Number of times per week analysand was seen
6. Presenting symptoms, in a general sense

In the written narrative please address the following topics, as applicable:

1. The focus of supervisory exploration, theoretically and clinically
2. The handling of differing theoretical or clinical perspectives
3. The supervisory pair's ability to communicate openly and productively regarding differences and conflicts
4. The focus of supervisory explorations of the transference and countertransference
5. The impact of the supervision upon the training candidate and the analysand
6. Overall progression of the analysis
7. A concluding assessment of the candidate's analytic growth and ability to progress

The written evaluation must be attached to the **Verification of Individual Training** form at the end of the control case.