



# VERIFICATION OF INDIVIDUAL TRAINING SUPERVISION MATRICULATION

Use one form for each Control Case

Candidate Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Psychoanalyst Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Prior Approval Date: \_\_\_\_\_

CONTROL CASE:  FIRST  SECOND  THIRD  EXTRA

Written control case summary is kept on file with supervisor.

Male \_\_\_\_\_ Female \_\_\_\_\_ Self-Identified \_\_\_\_\_ Age \_\_\_\_\_ (must be 18 or older)

Verification of first 25 hours from \_\_\_\_\_ to \_\_\_\_\_

Start date with supervisor \_\_\_\_\_ Start date with patient \_\_\_\_\_

Verification of second 25 hours from \_\_\_\_\_ to \_\_\_\_\_

Start date with supervisor \_\_\_\_\_ Start date with patient \_\_\_\_\_

**Control Case Evaluation by supervisor must be attached to this form at the end of the case.**

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name Signature

Training Committee Approval: \_\_\_\_\_ Date: \_\_\_\_\_  
Training Committee Chair