



MATRICULATION REQUEST

Certificate in Psychoanalysis and Research Psychoanalyst Candidates.

May be submitted after 8 hours of pre-matriculated Control Case Supervision.

Date of Request: _____

Candidate: _____

Print Name

Signature

I have verified with the Administrator that the following requirements have been met and are recorded in my training file:

1. _____ Complete 9 courses, with a minimum of 6 didactic courses (18 trimester units)
2. _____ Prior approval verification for Training and Supervising Analyst.
3. _____ Complete 8-25 hours of pre-matriculated supervision with verification and Supervisor evaluation attached.
4. _____ Complete 50 hours of personal training analysis with verification attached.
5. _____ Verified registration with Medical Board of California (Research Psychoanalyst Candidates only)
6. Continuing personal training analysis.

Verified by Administrator: _____ Date: _____

AUTHORIZATION

Date of Interview: _____

Approved by

Training Committee: _____ Date of Approval: _____

NOT approved by

Training Committee: _____ Date of Denial: _____