



MICHIGAN PSYCHOANALYTIC SOCIETY
32841 Middlebelt Rd., Suite 411
Farmington Hills, MI 48334

APPLICATION MATERIALS FOR PSYCHOTHERAPIST MEMBERSHIP

Guidelines for Eligibility for Psychotherapy Membership

As a useful guide to filling out the application please review the following eligibility requirements as specified by the MPS by-laws.

Eligibility for Psychotherapist Membership:

1. *Have advanced post-graduate training in, and substantial clinical commitment to, psychoanalytic psychotherapy practice, as demonstrated by at least two of the following:*
 - a. *Successful completion of an organized psychoanalytic psychotherapy program, such as the MPI 2-year program or its equivalent.*
 - b. *Substantial personal experience in a psychoanalytically-oriented treatment with a qualified psychoanalytic practitioner (**guideline: 2 years or 100 hours or the equivalent**).*
 - c. *Substantial personal experience in psychotherapy supervision with a qualified supervisor of psychoanalytically-oriented treatment (**guideline: 2 years or 100 hours equivalent**)*
2. *Meet the requirements as to character, ethical and professional standards of the Society, as shown by:*
 - a. *Two letters of recommendation from Active members of MPS.*
 - b. *Clinical licensure in good standing from the appropriate mental health discipline.*
3. *Signing an ethics disclosure statement, testifying to no history of ethical violations, and agreeing to abide by the ethical standards and procedures of the Michigan Psychoanalytic Society (available at the MPI/MPS office or as a link on the MPI/MPS website).*
4. *Any other methods, such as a personal interview, would be at the discretion of the Membership Committee or Executive council.*

Application Procedure:

- Applicants shall apply for membership, and submit any necessary documentation, to the Secretary of the Society.
- The eligibility for membership of the applicants shall be reviewed by the Chair of the Membership Committee on the basis of these by-laws.
- Applications will then be presented to the Executive Council for final approval.

Please send the completed application and supporting materials to:

Marc R. Hirsch, Ph.D.
Secretary, MPS
32841 Middlebelt Road, Suite 411
Farmington Hills, MI 48334



MICHIGAN PSYCHOANALYTIC SOCIETY

APPLICATION FOR PSYCHOTHERAPIST MEMBERSHIP

Personal Information

Name _____ Degree _____

Home Address _____

City _____ State _____ Zip code _____

Profession _____

Name of Employer (if applicable) _____

Business Address _____

City _____ State _____ Zip code _____

Birth date _____

Telephone Number(s) including area code

Office _____ Home _____ Cell _____

Email Address _____

EDUCATION AND PROFESSIONAL TRAINING

(Please provide name of institution, degree and date conferred)

Undergraduate Institution _____

Graduate Institution _____

Graduate Clinical Training (Please provide name of facilities, dates of training and names of supervisors)

Practicum _____

Internship _____

Psychiatric Residency _____

Postgraduate training _____

Relevant Postgraduate Education

Have you completed the Adult and/or Child Psychoanalytic Psychotherapy programs at MPI?

No ____ Yes ____ Date completed _____

Have you completed the psychotherapy fellowship program at MPI?

No ____ Yes ____ Date completed _____

Have you completed an organized psychoanalytic psychotherapy program at another institution or center of education and training? (Please specify program, describe if not at MPI)

No ____ Yes ____ Date completed _____

If your answer to the above is No please list other educational experiences that have contributed to your in-depth psychoanalytic understanding and clinical work (Please include instructors, titles, and dates)

PROFESSIONAL ACTIVITIES FOLLOWING TRAINING

Current employment and previous employment relevant to clinical work.

Employer or practice location _____

Date(s) _____

How many years of psychoanalytic psychotherapy practice have you had? (Please specify full or part time) _____

Post graduate psychotherapy supervision with a qualified supervisor of psychoanalytically oriented treatments. (Please include supervisor's name, frequency, and dates.) **Guideline: Two years or 100 hours**

Personal Treatment

Have you had personal psychotherapeutic treatment? (Psychoanalytically oriented psychotherapy, psychoanalysis, marital therapy, group therapy or psychoanalysis)

Yes _____ No _____

If yes, please specify the type of therapy, name of therapist, and dates of therapy.

Guideline: Two years or 100 hours equivalent

List memberships in any professional societies or organizations including beginning dates.

Two letters of recommendation from active MPS members are requested
(Please provide the names of the members from whom you are requesting letters of recommendation)

1.

2.

A personal interview may be requested as part of the application process.

MALPRACTICE INSURANCE AND PROFESSIONAL LICENSURE

What is your professional licensure? _____

Please include a copy of your professional license.

Please include a copy of the face sheet of your current malpractice insurance.

ETHICS DISCLOSURE STATEMENT

1. Have you ever been charged with an ethics violation or had an ethics complaint lodged against you?

Yes _____

No _____

2. Has your professional license ever been revoked, suspended, or have you been on probation?

Yes _____

No _____

3. Are there any pending cases which would involve the possible revocation or suspension of your professional license?

Yes _____

No _____

If you answered yes to any of the above please attach a separate sheet a paper explaining the issues involved and describing your efforts regarding remediation of these difficulties.

By signing this application you agree that, if accepted as a psychotherapist member of the Michigan Psychoanalytic Society, you will abide by the ethical standards and procedures of the Society which are available for review at the MPI/MPS office. By agreeing you understand that these high standards as set forth by MPS and the American Psychoanalytic Association as applied to psychoanalysts also apply to all categories of membership of the organization.

Please enclose a copy of your Curriculum Vitae

Please enclose an application fee of \$50.00

Signature

Date

