



THE LOS ANGELES INSTITUTE AND SOCIETY FOR PSYCHOANALYTIC STUDIES
A COMPONENT SOCIETY OF THE INTERNATIONAL PSYCHOANALYTICAL ASSOCIATION
12011 SAN VICENTE BOULEVARD, SUITE 520, LOS ANGELES, CA 90049

PHONE: 310.440.0333

WEBSITE: www.laisps.org

E-MAIL: admin@laisps.org

This logo is derived from a manuscript of Freud's and is the method commonly used to abbreviate psychoanalysis

APPLICATION FOR ADMISSION

DATE OF APPLICATION: _____

LAST NAME FIRST NAME MIDDLE

HOME: _____
STREET CITY AND STATE ZIP

PHONE (HOME) _____ EMAIL _____

OFFICE: _____
STREET CITY AND STATE ZIP

PHONE (OFFICE) _____ FAX _____

PREFERRED MAILING ADDRESS: HOME OFFICE

DATE OF BIRTH _____ PLACE OF BIRTH _____ TYPE OF LICENSE _____

YEARS LICENSED: _____ CALIF # _____ OTHER LICENSE _____:

LICENSE ELIGIBLE ? (PLEASE SPECIFY EXAM DATE): _____

PLEASE INCLUDE COPIES OF CURRENT LICENSE AND PROOF OF MALPRACTICE INSURANCE WITH THIS APPLICATION

EDUCATION (Indicate all college, graduate and professional education. Transcripts of your post-baccalaureate training must be forwarded to the above office.)

NAME OF INSTITUTION LOCATION ATTENDED FROM TO DEGREE OR DIPLOMA DATE CONFERRED

REFERENCES Please list: persons responsible for graduate education program; persons supervising or administering work listed under professional experience; and supervisors of psychotherapy. Indicate hours of supervision after supervisor's name and address. Please request that at least three of the references forward letters of recommendation to the Institute. Applicant agrees that LAISPS may request from any of those listed below.

Name	Address/City/State/Zip	Phone number	Email Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PERSONAL PSYCHOANALYSIS

Are you now or have you been in analysis? YES (If yes, complete the following) NO

NAME OF ANALYST _____

ADDRESS _____

DATE BEGAN _____ DATE TERMINATED _____ HOURS PER WEEK _____ TOTAL HOURS _____

THEORETICAL ORIENTATION OF ANALYST _____

PREVIOUS PSYCHOTHERAPY

List psychotherapist's name(s), theoretical orientation(s), dates, frequency, and total number of hours

POLICIES OF LAISPS

If accepted to the Training Program at LAISPS,

1. I understand that candidates are accepted with the expectation that they will develop the necessary skills to master psychoanalytic concepts and conduct clinical analyses. This implies that they possess or can acquire these skills through training. I understand that my progression through the program will be continually assessed by the Education Committee at LAISPS. This assessment includes review of course evaluations and supervision reports. I agree that final decisions regarding my progression ultimately rest in the discretion of the Institute and its authorized Committees.
2. I understand that all Policies and Procedures of LAISPS, including, but not limited to, Admission and Grievance Procedures, are documented in the CATALOGUE, which is updated annually. I acknowledge that I will receive a hardcopy of the latest CATALOGUE or a link to an on-line copy thereof, will read relevant sections thereof, and will accept all requirements of the LAISPS training program described therein, including but not limited to Admission, Progression, and Grievance Procedures.

Signature

Date

Print Name

CONDITIONS OF CANDIDACY AND RELEASE AND HOLD HARMLESS STATEMENT

1. I agree not to represent myself as a psychoanalyst until I complete the Training Program and receive a Certificate in Psychoanalysis and a Psy.D. (Doctorate in Psychoanalysis) from the Los Angeles Institute and Society for Psychoanalytic Studies (LAISPS).
2. I agree to abide by the Ethical Principles of Psychologists and Code of Conduct (effective 6/1/10) derived from the American Psychological Association.
3. I agree, if requested, to cooperate with LAISPS, its officers, agents and members and/or Ethics Committee in the investigation of any concerns or complaints of impairment or unethical or unprofessional conduct alleged against me. I further agree to release, hold harmless and indemnify LAISPS, its officers, agents and members and/or Ethics Committee from: 1) any and all claims arising out of the initiation and processing of investigations of any such concerns; 2) rejection of my application; 3) discontinuance of my training after it has commenced.
4. I agree to report any personal felony convictions and/or licensing, professional membership, or affiliation problems that occur while I am a participant in the LAISPS Training Program.

Signature

Date

Print Name

LAISPS does not discriminate on the basis of the age, race, color, gender, marital status, religion, sexual orientation, or national or ethnic origin in the administration of its educational policies, admissions policies, scholarships, and other school-administered programs. LAISPS has a policy of non-discrimination for persons with disabilities otherwise qualified in accordance with California and Federal Law.

COMPLETED APPLICATION SHOULD BE MAILED TO

ADMISSIONS COMMITTEE

LOS ANGELES INSTITUTE AND SOCIETY FOR PSYCHOANALYTIC STUDIES

12011 San Vicente Blvd., Suite 520

Los Angeles, CA 90049