

THE AMERICAN COLLEGE OF PSYCHOANALYSTS
National Honorary Organization of Physician Psychoanalysts

MEMBERSHIP APPLICATION

Please type and send entire Application by email or regular mail to Frances Bell, Executive Director: contact@acopsa.org or frda1@airmail.net .

Name _____

Work

Address _____

Telephone Number _____

Cellphone _____

E-mail _____

Residence

Address

Telephone Number _____

E-mail _____

Place of Birth _____

Current Nationality _____

Date of Birth _____

Name of Spouse or Domestic Partner _____

Please attach your C.V. It should contain the following information:

Education: College, Medical School (Name of Institution and Date Graduated)

Graduate Education: Residencies, Fellowships, Other graduate work
(Name of Institution, Area of Study and Dates)

Psychoanalysis

Training: (Institute, Date of Graduation: (Adult, Child)

Current Membership: (Society/Institute: Member, Faculty, Training and
Supervising Analyst)

Special Interests and Teaching

Academic Appointments: (Past and present): University, Title, Dates

Hospital Appointments: (Past and present): Name of Institution, Dates

Licensure: (States and dates)

Board Certification (Including sub-specialty Boards

Other Professional Activities: Private practice, areas of special interest,
subspecialties, consultant appointments, and positions held

Membership and Fellowship in Professional Organizations (include dates,
committee appointments, and offices held)

Community and Civic Activities

Armed Forces Services (Branch of Service, grade, dates)

Publications (Please send reprints of representative articles)