



# MASSACHUSETTS INSTITUTE FOR PSYCHOANALYSIS

A HOME FOR COMPARATIVE PSYCHOANALYSIS

NAME: \_\_\_\_\_ DEGREE(S): \_\_\_\_\_

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Office location (town): \_\_\_\_\_

Preferred Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail: \_\_\_\_\_

**Please no more than 5 clinical specialties.**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Addictions/<br>Substance Abuse                    | <input type="checkbox"/> Cross Cultural<br>Issues   | <input type="checkbox"/> Mother-Infant<br>Psychotherapy             |
| <input type="checkbox"/> Adolescents                                       | <input type="checkbox"/> Deafness                   | <input type="checkbox"/> Older Adults                               |
| <input type="checkbox"/> Adolescents (late)                                | <input type="checkbox"/> Depression                 | <input type="checkbox"/> Pain                                       |
| <input type="checkbox"/> Adoption  | <input type="checkbox"/> Disability                 | <input type="checkbox"/> Parenting Issues                           |
| <input type="checkbox"/> Affective/Mood<br>Disorders                       | <input type="checkbox"/> Dissociative<br>Disorders  | <input type="checkbox"/> Personality<br>Disorders                   |
| <input type="checkbox"/> Aging/Later Life<br>Concerns                      | <input type="checkbox"/> Divorce/Custody<br>Issues  | <input type="checkbox"/> Psychopharmacology<br>/ Assessment/Testing |
| <input type="checkbox"/> Anger<br>Management                               | <input type="checkbox"/> Dual Diagnosis             | <input type="checkbox"/> Self Injury                                |
| <input type="checkbox"/> Anxiety Disorders                                 | <input type="checkbox"/> Eating Disorders           | <input type="checkbox"/> Sexual Abuse                               |
| <input type="checkbox"/> Autism Spectrum<br>Disorders/Asperger<br>Syndrome | <input type="checkbox"/> EMDR                       | <input type="checkbox"/> Sexual Addiction                           |
| <input type="checkbox"/> Behavioral<br>Medicine/Therapy                    | <input type="checkbox"/> Family Therapy             | <input type="checkbox"/> Sexual Dysfunction                         |
| <input type="checkbox"/> Bereavement/Grief<br>& Loss                       | <input type="checkbox"/> Fertility/Infertility      | <input type="checkbox"/> Sexual Offenders                           |
| <input type="checkbox"/> Children  | <input type="checkbox"/> Forensic<br>Evaluations    | <input type="checkbox"/> Spiritual Issues                           |
| <input type="checkbox"/> Chronic Mental<br>Illness/<br>Schizophrenia       | <input type="checkbox"/> Gay/Lesbian<br>Issues      | <input type="checkbox"/> Sports Psychology                          |
| <input type="checkbox"/> Chronic Pain                                      | <input type="checkbox"/> Group<br>Psychotherapy     | <input type="checkbox"/> Supervise/Consult/<br>therapy              |
| <input type="checkbox"/> College Students                                  | <input type="checkbox"/> Hypnosis                   | <input type="checkbox"/> Supervise/Consult/<br>analysis/therapy     |
| <input type="checkbox"/> Couple's<br>Psychotherapy                         | <input type="checkbox"/> Infants 0-5 and<br>Parents | <input type="checkbox"/> Transgen/Transsex<br>/Sex/Gender           |
|  | <input type="checkbox"/> Major Mental<br>Illness    | <input type="checkbox"/> Trauma/ PTSD<br>Dissociative<br>Disorder   |
|  | <input type="checkbox"/> Medical Illness            | <input type="checkbox"/> Women's Issues                             |
|  | <input type="checkbox"/> Men's Issues               | <input type="checkbox"/> Workplace Issues                           |
|  | <input type="checkbox"/> Military Populations       | <input type="checkbox"/> Writers/Clinical<br>Writing                |

What language(s) do you work in addition to English? \_\_\_\_\_

Do you want to utilize any of these MIP resources?

- be listed in the MIP home page "find a therapist" database
- be a member or the MIP internal listserv for referrals
- be a member or the MIP internal listserv for general communication on matters such as conferences, insurance questions, etc...

MIP's Board of Directors has instituted a policy whereby members and applicants for membership are obliged to inform the President of all ethical complaints, investigations or findings of ethical violations regarding their clinical practice. Do NOT use this form for such a disclosure, please contact the president of MIP about any disclosure. The Board anticipates and expects that MIP members will adhere to the ethical code of their respective professional organizations. The Ethics Committee of MIP created the following statement with the approval of the Board:

Each member, candidate, fellow or applicant to become a member, candidate or fellow of MIP has an affirmative obligation to inform the President of MIP of whether he or she:

- i. Has been sanctioned or dismissed by any hospital, mental health organization, or professional organization for ethical violations, or has voluntarily resigned from a professional organization in response to an investigation of ethical conduct or
- ii. Has had his or her professional license revoked or suspended or has otherwise been disciplined by any professional organization or licensing board for ethical violations or
- iii. Has been refused malpractice insurance or has had any such insurance policy cancelled or
- iv. Is subject to an investigation pertaining to any of the situations referred to in items i-iii above.
- v. The above obligation continues for the duration of the person's affiliation with MIP. Any change with respect to items i-iv shall be reported promptly to the President of MIP.

It has been previously established that any person serving as a supervisor, faculty or member of the Board of Directors must be a member of MIP.

- I have read the ethics attestation
- I affirm I am not currently involved or have ever been involved in any of the issues identified in items i. - iv. in the above statement other than what I have disclosed pursuant thereto.
- I understand the above obligation continues for the duration of my affiliation with MIP. Any change with respect to items i-iv shall be reported promptly to the President of MIP. I also understand that this form must be completed on an annual basis.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date \_\_\_\_\_

**HOW ARE YOU GOING TO PAY YOUR DUES?**

I HAVE ENCLOSED A CHECK \_\_\_\_ I PLAN TO PAY ON LINE \_\_\_\_\_