

PROSPECTIVE SUPERVISOR/PERSONAL ANALYST INFORMATION FORM
to be completed by the prospective analyst or supervisor

MIP candidate name: _____

You are a prospective Supervisor You are a prospective Personal Analyst

Your Name: _____ Highest Degree Earned: _____

Discipline (e.g. psychiatry, psychology, social work) _____

Are you currently licensed in your discipline? Yes No

State: _____ License #: _____

Have you completed a formal psychoanalytic training program? Yes No

If yes, name of Institution _____ year graduated _____

In your view, are you regularly engaged in the practice of analysis? and have you completed the analysis of one patient through a termination?

Have you ever had any licensing board or professional ethics body require you to surrender your license or found you guilty of violation of ethics codes, professional misconduct, unprofessional conduct, incompetence or negligence in any state or country? Yes No If yes, please give particulars on an attached sheet.

Are there any complaints or charges pending or filed against you with any licensing board or professional ethics body for violation of ethics codes, professional misconduct, unprofessional conduct, incompetence or negligence in any state or country? Yes No If yes, please give particulars on an attached sheet.

Analyst Signature _____ *Date* _____

Analyst email (please print clearly) _____

Supervisors of MIP candidates need to be or become members of MIP.

Please send the completed form to MIP • 1330 Beacon St., Suite 265, Brookline MA 02446

Responses to this form will be reviewed by the Training Committee.