

Wisconsin Psychoanalytic Society

3070 N. 51st Street ♦ Suite 206 ♦ Milwaukee, WI 53210

Office: (414) 291-7036 ♦ Fax: (414) 291-6394

www.wisconsinpsychoanalytic.org

APPLICATION FOR MEMBERSHIP

Student Associate ♦ Psychotherapy Associate ♦ Academic Associate ♦ Special Associate
Affiliate Membership (candidates) ♦ Active Membership (graduates of APsaA Institutes)

Name _____ Date _____

Home _____ Work _____

Address _____ Address _____

City/Zip _____ City/Zip _____

Phone _____ Work Phone _____

BirthDate _____ E-mail _____

Address _____

Hospital _____ Affiliations _____

Faculty _____ Appointments _____

DISCIPLINARY ACTIONS: Have any of the following ever been, or are any currently in the process of being denied, revoked, suspended, reduced, limited, placed on probation, not renewed, or voluntarily relinquished? If yes, please provide a full explanation on a separate sheet including resolution of charges.

a) Medical license in any state Yes _____ No _____ NA _____

b) Other professional registration/license Yes _____ No _____ NA _____

c) DEA registration Yes _____ No _____ NA _____

d) Academic appointment Yes _____ No _____ NA _____

e) Membership on any hospital Medical Staff Yes _____ No _____ NA _____

f) Clinical privileges Yes _____ No _____ NA _____

g) Prerogatives/rights on any Medical Staff Yes _____ No _____ NA _____

h) Other institutional affiliation or status thereat Yes _____ No _____ NA _____

i) Professional society membership or fellowship Yes _____ No _____ NA _____

j) Professional office Yes _____ No _____ NA _____

k) Any other type of professional sanction Yes _____ No _____ NA _____

l) Have there ever been any felony criminal charges brought against you? Yes _____ No _____ NA _____

m) Have you been the defendant in malpractice or other litigation pertaining to your professional work? Yes _____ No _____ NA _____

n) Have you been sanctioned by any professional organization for violation of ethical standards?
Yes _____ No _____ NA _____

PROFESSIONAL LIABILITY INSURANCE

Present private carrier _____

Have there ever been, or are there currently pending any malpractice claims, suits, settlements, or arbitration proceedings involving your professional practice? If yes, please provide a full explanation on a separate sheet. Yes _____ No _____

Please provide us with a curriculum vitae or complete the following:

EDUCATION

Institution Location Dates (From – To) Degree Received

College/ University _____

Post-Grad _____

Internship or Residency _____

Other Post _____

Grad Study _____

List professional experience chronologically (clinically, teaching, administrative, etc.):

Publications (brief):

Two references who will submit letters of recommendation.

1. _____

2. _____

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RELEASE OF INFORMATION

By applying for appointment to the Wisconsin Psychoanalytic Society I hereby signify my willingness to appear for interviews in regard to my application. I hereby authorize the Wisconsin Psychoanalytic Society, its staff and representatives, to consult with prior associates and others who may have information bearing on my professional competence, character, ethical qualifications, and ability to work cooperatively with others and consent to the inspection of all documents that be material to an evaluation of my professional qualifications and competence.

I hereby release from all liability all representatives of the Wisconsin Psychoanalytic Society for acts performed and statements made in good faith and without malice in connection with evaluating my application and my credentials and qualifications, and I hereby release from liability any and all individuals and organizations who provide information to the Wisconsin Psychoanalytic Society in good faith and without malice concerning my professional competence, ethical qualifications, character, or other qualifications for appointment to the Wisconsin Psychoanalytic Society, and I hereby consent to the release of such information.

_____ Signature of Applicant

_____ Date

The Wisconsin Psychoanalytic Society will treat this application and any information secured in connection therewith in strict confidence, preserving with all reasonable safeguards the privacy of the applicant.