

VIRGINIA PSYCHOANALYTIC SOCIETY

AN AFFILIATE SOCIETY OF THE AMERICAN PSYCHOANALYTIC ASSOCIATION

PRESIDENT

Teresa Uecker, MS, LPC, RSP

Teresa.Uecker@yahoo.com

434-390-7857

Dear Applicant:

Thank you for your interest in joining the Virginia Psychoanalytic Society. Please fill out the application packet and email it to our Membership Chairperson, Janet Schiff, LCSW, FIPA, janetschiff@gmail.com. If you have questions about the packet or membership in VPsaS, contact Ms. Schiff.

Please send the following materials to me at the above address:

- 1) A copy of your current Virginia license
- 2) A copy of your certificate from the (non-psychoanalytic) institution or school that conferred your highest degree.
- 3) A copy of your diplomas from psychoanalytic, postgraduate, and other training (e.g.: residency, internship, psychoanalytic courses or continuing education courses), as these apply to the psychoanalyst member and clinical member categories
- 4) Completion of pages 3, 4, and 5 of this packet
- 5) Your current CV
- 6) Name of your sponsor
- 7) A check for one year's dues (see enclosed dues structure). If, for any reason, you do not become a member of the Society, the dues check will be returned.

Note that all applicants must be sponsored by a Psychoanalyst Member or Clinical Member. Please have your sponsor submit a written recommendation on your behalf.

If you do not know of a current member who may sponsor you, please contact our current President Teresa Uecker or Janet Schiff, LCSW, our Membership Chair (janetschiff@gmail.com). If you would like to attend a meeting before you join, please feel free to join us.

When all materials are received, you will be reviewed by the Membership Committee, and if all your credentials are in order, you will be recommended to the Executive Committee for a vote of membership approval.

Teresa Uecker, President
Enclosures

INFORMATION SHEET

Virginia Psychoanalytic Society Dues

Membership Category	Dues
Psychoanalyst Member	\$250 / year
Clinical Members / Trainee *	\$250 / year
Emeritus Member	\$0 / year
Honorary Member	\$0 / year

* We also have Trainee memberships for students and mental health trainees. If you are interested in this membership, please contact Janet Schiff at janetschiff@gmail.com. The annual fee for this membership, upon approval of the Executive Committee, may be waived.

Virginia Psychoanalytic Society Application

Psychoanalyst / Psychotherapist Member:

I am a graduate of a Psychoanalytic Institute accredited by the American Psychoanalytic Association or The International Psychoanalytical Association

Name of Psychoanalytic Institute _____

Address _____

Date of Graduation _____

Please enclose a copy of your certificate of graduation from the Psychoanalytic Institute you attended.

Clinical or Trainee Member

I am a mental health practitioner, licensed in Virginia, with an interest in psychoanalysis, or a trainee in a mental health discipline.

Name _____ Terminal Degree _____

Please enclose a copy of your diploma from the institution that awarded your terminal degree

Address (office) _____

City, State, Zip _____

Phone (office) (____) _____ Phone (Home) (____) _____

Address (Home) _____

Fax (____) _____ Email Address _____

Sponsor's name (*must be a Member of the Virginia Psychoanalytic Society*)

Virginia Psychoanalytic Society Questionnaire

Name _____ Date _____

Please answer both questions "yes" or "no". Mark N/A if not applicable.

Attach a separate sheet to explain any "yes" answer.

- | | <u>YES</u> | <u>NO</u> | <u>N/A</u> |
|--|--------------------------|--------------------------|--------------------------|
| 1. Have you ever been subject to disciplinary action by a Virginia (or other) licensing board, professional organization or by any university? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever had your license to practice suspended, revoked, or otherwise modified by Board action in any location? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Currently licensed by Virginia Board of _____

Certificate # _____ Expires _____

I attest to the above being true to the best of my knowledge.

Signature

Date