

THE CONTEMPORARY FREUDIAN SOCIETY

1173A Second Avenue #323, New York, NY 10065
212-752-7883 Connies3@aol.com

Membership Application

Name: _____

Office Address: _____

Office Phone: _____

Email Address: _____

Home Address: _____

Home Phone: _____

Place of Birth: _____ Date of Birth: _____

I. TRAINING: (Enclose a Curriculum Vitae)

A. Academic Training: (Enclose transcript of highest level of college or university program completed)

| Schools (in chronological order) | Address | Major | Credits or Degree | Years Attended and/or Degree |
|-------------------------------------|---------|-------|----------------------|---------------------------------|
|-------------------------------------|---------|-------|----------------------|---------------------------------|

B. Institute Psychoanalytic Training: (Enclose transcript)

| Institute | Address | Credits or Graduation | Dates of Attendance and Completion |
|-----------|---------|--------------------------|---------------------------------------|
|-----------|---------|--------------------------|---------------------------------------|

C. Non-Institute Psychoanalytic Training:

(Full Description and Dates: List course titles, instructors, summaries of content)

II. PERSONAL ANALYSIS:

| Analyst's Name and Address | Institute or Professional Affiliation | Dates of Treatment | # of Sessions per week | Total # of Hours |
|-------------------------------|--|-----------------------|---------------------------|---------------------|
|-------------------------------|--|-----------------------|---------------------------|---------------------|

III. SUPERVISION OF CONTROL CASES:

(Psychoanalyses conducted under supervision. List each case individually)

| Case (Identify by age and gender) | Name and Address of Supervising Analyst | Supervisor's Institute or Prof. Affiliation | Supervisor's Training Analyst Status | # of Treatment Hrs Patient Seen/Week | Dates Case Seen | Supervision Hours per week | Total Hrs of Super- vision | Total Hrs of Treatment of Case |
|--|---|--|---|---|-----------------------|----------------------------------|-------------------------------------|---|
| | | | | | | | | |

IV. PROFESSIONAL EXPERIENCE:

(Clinics, agencies, schools, or institutions. Begin with most recent position.)

| Name and Address | Dates | Hours per week | Functions | Supervised by, if relevant, profession and name |
|---------------------|-------|-------------------|-----------|---|
|---------------------|-------|-------------------|-----------|---|

V. NATURE OF CLINICAL PRACTICE: (Private and other)

| | Date Practice Began | Hours per week (average & current) |
|---|---------------------|------------------------------------|
| A. Psychoanalytic: | | |
| B. Other related areas (e.g. psychology, social work, psychiatry) | | |

VI. TEACHING EXPERIENCE: (Include clinical supervisory teaching)

| | Institution | Rank | Course Title | Dates |
|--------------------|-------------|------|--------------|-------|
| A. Psychoanalytic: | | | | |
| B. Other: | | | | |

VII. REFERENCE:

(List two individuals who are acquainted with the nature and quality of your professional work [preferably your psychoanalytic work]. Give names, addresses and telephone numbers.)

Signed: _____ Date: _____

Print Name: _____

Please send a completed application to each below:

**1) Shirley Herscovitch Schaye, PhD
Chair, CFS Membership Committee
300 Central Park West #23G
New York, NY 10024**

**2) Connie Stroboulis
Administrative Director
Contemporary Freudian Society
11 Bunker Hill Drive
Manalapan, NJ 07726**