**Florida Psychoanalytic Center**

4649 Ponce de Leon Blvd. Suite 303 Coral Gables, FL 33146

Website: [www.floridapsychoanalytic.org](http://www.floridapsychoanalytic.org/) Telephone: (305) 669-4353 Fax: (305) 740-4449

Email: fl.psychoanalytic.center@gmail.com

**Thank you for your interest in joining the Florida Psychoanalytic Center. Please complete all applicable parts of this form and mail, email or fax, along with a Current CV, to The Florida Psychoanalytic Center. Your application will be reviewed at our next Center meeting, and you will be contacted after the meeting.**

**There are several categories of membership. Simply place an “X” by the category most appropriate to you and proceed to fill out the relevant portions of the application below.**

**\_\_\_\_ Active Member.** Active Membership in the Center is open to analysts who are or are eligible to be active members of The American Psychoanalytic Association.

**Benefits:** Active Members are eligible for all privileges of the Center, including voting and eligibility to apply for faculty status in the psychoanalytic training program, to teach in the PPC, to offer study or supervision groups through the Center, to receive member discounts for scientific meetings and other Center offerings, to participate in the in-house referral listserv, and to have a listing on the “find a therapist” section of the Center website.

*Dues are $1,170.00 annually* (includes PEP subscription)*.*

**­\_\_\_\_ Clinician Member.** Clinician Membership is open to clinicians who hold a Florida professional license in a mental health field but are not eligible to become active members of The American Psychoanalytic Association.

**Benefits:** Clinician Members are eligible to teach in the PPC, to apply to offer a study or supervision group through the Center, to receive member rates for scientific meetings and other Center offerings, to participate in the in-house referral listserv, to have a listing on the “find a clinician” section of the Center website, to hold the following Center offices: Secretary or Member at Large of the Board of Directors, to attend Business Meetings of the Center, and to vote on all matters that do not pertain to the Psychoanalytic Training Program.

*Dues are $250.00 annually.*

**­\_\_\_\_ Affiliate Member.** Affiliate Membership is open to individuals who either do not hold a current Florida professional license in a mental health field or who hold such a license but do not choose to become Clinician Members.

**Benefits:** Affiliate Members are eligible to receive member rates for scientific meetings and other Center offerings, to have a listing on the Center website, and to take courses, study groups, supervision groups, or other such programs when offered.

*Dues are $175.00 annually.*

**Note:** In order to be eligible to teach in the PPC, to apply to offer a study or supervision group through the Center, to participate in the in-house referral listserv, or to hold any Center offices or chair committees you must opt for Clinician Membership (if eligible).

**\_\_\_\_ Student Member.** Student Membership is open to college, university and post-graduate students, interns in a mental health field who are working toward a graduate or undergraduate degree, residents in psychiatry, and residents or post-doctoral fellows in psychology.

**Benefits:** Student members are eligible for student rates for scientific meetings and other Center offerings.

*There are no dues for student members.*

**\_\_\_\_ Honorary Member.** Honorary Membership in the Center is granted to distinguished persons who have rendered significant service in or to the Center and/or the profession of psychoanalysis. Honorary Members shall have privileges of the Center except voting and the right to hold office and shall not be subject paying dues or other assessments.

**\_\_\_\_ Corresponding Member.** Corresponding Membership is available to individuals who are not permanent residents of Miami-Dade or Broward Counties, Florida, but who are or are eligible to become active members of the American Psychoanalytic Association. Corresponding Members shall not vote or hold office in the Center.

**Application**

**Personal Information:**

Name:

Title/Degree/or Student Status:

Office Address

Email address:

Office Phone: Fax:

Home Phone: Cell:

Date of Birth: (DOB will only be used to establish membership)

# Education and Training:

Graduate/Medical School:

Year Graduated or Expected to Graduate:

Residency/Clinical Internship:

Year Completed or Expected to Complete:

Other Graduate Training:

Year Completed or Expected to Complete:

License Number: State:

Liability Insurance Policy (name of carrier):

Policy Number: Amount of Coverage:

Other Affiliation:

(Please attach copies of your Professional License and Professional Liability Insurance Policy)

# Ethical Disclaimer:

By signing below, I certify that the following statements are true:

1. Have there ever been any findings of unethical or unprofessional conduct?

\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_ Yes (If “yes”, please explain.)

1. Are there any current or pending charges or allegations of unethical or unprofessional conduct?

\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_ Yes (If “yes”, please explain.)

Signature: Date: