NEWPORT PSYCHOANALYTIC INSTITUTE

MATRICULATION APPROVAL FORM

Date: _____

Candidate: _____

Print Name

Signature

I have verified with the Registrar that the following requirements have been met and are recorded in my training file.

- 1. _____ 9 courses, with a minimum of 6 didactic courses (18 trimester units)
- Prior approval verification for analyst 2. _____
- 3. _____ 50 hours pre-control supervision verified and supervisor evaluation attached
- 4. _____ 50 hours personal analysis verified
- Verified registration with Medical Board of California (Research 5. _____ Candidates only)
- 6. _____ Request for matriculation interview and approval to begin first control case

Verified by Registrar:	Date:
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Interview Date Scheduled: _____

Approval of Training Committee

Authorized Signature: _____ Date: _____ Chairperson, Training Committee