

NEWPORT PSYCHOANALYTIC INSTITUTE

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VERIFICATION OF INDIVIDUAL TRAINING updated 11/16

Date: _____

Candidate: _____

Print Name

Signature

1. _____ Verification of 50 hours **PRE-CONTROL SUPERVISION. Final evaluation by supervisor attached** _____
From _____ to _____. Times per week: _____
Start date with supervisor _____ **Start date with patient** _____

2. _____ Verification of first 50 hours of **PERSONAL PSYCHOANALYSIS.**
From _____ to _____. Times per week _____.

3. _____ Verification of 400 hours of **PERSONAL PSYCHOANALYSIS.**
From _____ to _____. Times per week. _____.

From _____ to _____. Times per week. _____.

FIRST CONTROL CASE AT _____ **TIMES PER WEEK.** Male _____ Female _____ Age _____

4. _____ Verification of first 25 hours from _____ to _____ Written control case summary on file with supervisor.
5. _____ Verification of second 25 hours from _____ to _____
Written control case summary on file with supervisor and **final evaluation by supervisor attached** _____
Start date with supervisor _____ **Start date with patient** _____

SECOND CONTROL CASE AT _____ **TIMES PER WEEK** Male _____ Female _____ Age _____

6. _____ Verification of first 25 hours from _____ to _____ Written control case summary on file with supervisor.
7. _____ Verification of second 25 hours from _____ to _____
Written control case summary on file with supervisor and **final evaluation by supervisor attached** _____.
Start date with supervisor _____ **Start date with patient** _____

THIRD CONTROL CASE AT _____ **TIMES PER WEEK** Male _____ Female _____ Age _____

8. _____ Verification of first 25 hours from _____ to _____ Written control case summary on file with supervisor.
9. _____ Verification of second 25 hours from _____ to _____
Written control case summary on file with supervisor and **final evaluation by supervisor attached** _____
Start date with supervisor _____ **Start date with patient** _____

ADDITIONAL CONTROL CASE AT _____ **TIMES PER WEEK.** **The additional hours are only needed if Pre-Control case has ended early (not completed 50 hours), balance of hours need to equal 50 hours. May be any case that is seen 3 to 4 times a per week. DOES NOT HAVE TO BE WITH SAME SUPERVISOR/CANNOT BE PRE-CONTROL HOURS/MAXIMUM OF THREE (3) SUPERVISORS.**

10. _____ Verification of _____ hours from _____ to _____

RESEARCH PSYCHOANALYST REGISTRATION – 1500 additional patient hours/300 supervisor hours (for every five (5) hours of patient visit, one (1) hour of supervision is required)

_____ Verification of patient hours _____ Verification of supervisor hours

One form per supervisor or psychoanalyst.

Psychoanalyst: _____ Date: _____
Print Name Signature

Supervisor: _____ Date: _____
Print Name Signature

Training Committee Approval: _____ Date: _____
Chairperson, Training Committee