

NEWPORT PSYCHOANALYTIC INSTITUTE

PRIOR APPROVAL FORM 10/14/2020

Date of Request: _____

Candidate: _____

Print Name

Signature

Psychoanalyst: _____ Member of NPI ___yes ___no

Print Name

Signature

1. _____ Personal Psychoanalyst (100 hours @ 3 different times per week
300 hours @ 4 different times per week through the completion of 2nd control case
NO DOUBLE SESSIONS)

PSYCHOANALYST: I HAVE READ THE CANDIDATE REQUIREMENTS FOR PERSONAL ANALYSIS

(initial here)

Supervisor: _____ Member of NPI ___yes ___no

Print Name

Signature

Request to approve the above for:

2. _____ Supervisor for pre-control case
Start date with supervisor _____
3. _____ Supervisor for first control case Male _____ Female _____ Age _____
Start date with supervisor _____ Start date with patient _____
4. _____ Supervisor for second control case Male _____ Female _____ Age _____
Start date with supervisor _____ Start date with patient _____
5. _____ Supervisor for third control case Male _____ Female _____ Age _____
Start date with supervisor _____ Start date with patient _____
6. _____ Additional Supervisor (maximum of three (3) supervisors)

NOTE: Control case supervision fulfills NPI training requirement when the following conditions are met:

1. pre-approval for supervisor
2. patient seen at appropriate times per week, continuous
3. supervision over multitude of candidate and patient work
4. Research analyst must have case approved prior to starting by Training Committee

CANDIDATE INITIAL, HAVE READ REQUIREMENTS _____

AUTHORIZATION

Approved by the Training Committee: _____ Date of Approval: _____

NOT approved by Training Committee: _____ Date of Denial: _____

REASON

AUTHORIZED SIGNATURE: _____ Date: _____

Chairperson, Training Committee