



American
Board of
Psychoanalysis

3400 East Bayaud Avenue, Suite 460
Denver, Colorado 80209
720-897-3775
www.abpsa.org

Kindly complete the application below and return it to the address above along with a check for \$150 payable to the American Board of Psychoanalysis (ABP). Please print legibly.

GRANDPARENTING APPLICATION

Application For: ☐ Adult ☐ Child/Adolescent ☐ Combined Adult & Child/Adolescent

Name (as it should appear on the certificate)

Degree

Date of Birth

Street Address

City

State

Zip

Telephone Number(s)

Email

PSYCHOANALYTIC INSTITUTE CENTER AFFILIATION

LICENSE

Current Psychoanalytic Institute / Center Affiliation

Profession

License Number

Issuing State

PSYCHOANALYTIC EDUCATION

ADULT:

CHILD:

Institute

Institute

Dates beginning training – Graduation (mm/dd/yyyy)

Dates beginning training – Graduation (mm/dd/yyyy)

CERTIFICATIONS

Date Certified by American Psychoanalytic Association: Adult: _____ Child: _____
(mm/dd/yyyy) (mm/dd/yyyy)

Other Certifications in Psychoanalysis and Additional Credentials (please include dates)

ETHICS & PROFESSIONAL CONDUCT

Have you ever been charged with a violation of a code of professional ethics?** YES NO

Have you ever been found in violation of a code of professional ethics?** YES NO

Has your license ever been suspended, revoked or limited or privileges denied? ** YES NO

***If you are currently charged with a violation, or if the answer to any of the above questions is yes, attach an explanation (including all details about any actions of courts or regulatory boards on the case) and provide the name and contact information of your counsel, other advisors, regulatory officials or other persons we may contact for additional information.*

I hereby testify and affirm that to the best of my knowledge, after diligent review of my professional history, the information contained in this application is correct and that currently I am not subject to any sanction by any professional or regulatory body for a violation of a code of professional ethics or statutory or regulatory requirement of professional conduct or fair consumer practice.

Applicant's Signature _____ Date _____