

**Application for Membership  
The Denver Psychoanalytic Society**

**Member Profile Details**

First name \_\_\_\_\_ Last name \_\_\_\_\_ Credential \_\_\_\_\_

Preferred first name \_\_\_\_\_ Birthdate (optional) \_\_\_\_\_

Address

Office: \_\_\_\_\_

Ofc. Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Fax \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-mail \_\_\_\_\_ Website \_\_\_\_\_

Home: \_\_\_\_\_

Home Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ APsaA Member: Yes No

I am applying for the following membership category:

\_\_\_\_\_ **Active membership** may be extended to anyone with an active Colorado mental health license who has graduated from a psychoanalytic institute accredited by the APsaA or the IPA, or who has graduated from another psychoanalytic institute with educational standards considered equivalent by the membership and executive committees. \$285/year

\_\_\_\_\_ **Associate membership** may be extended to anyone with an active Colorado mental health license who has demonstrated a substantial interest in psychoanalysis. \$155/year

\_\_\_\_\_ **Affiliate membership** may be extended to any current candidate enrolled in an accredited psychoanalytic institute, as determined by the membership and executive committees \$130/year

\_\_\_\_\_ **Supporting membership** may be extended to any anyone with the intent and interest in supporting and promoting the goals of the society. \$100/year

**Professional Information**

Medical or professional license State/Number \_\_\_\_\_

Have you ever been charged with a violation of a code of professional ethics? Yes\* No

Have you even 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

Professional society discipline. Have you ever been disciplined, suspended, or had your membership revoked by any professional society? Yes\* No

*\*if you answered yes to any of the above questions, attach a separate sheet of explanation.*

Do you agree to abide by the principles on ethics of the American Psychoanalytic Association and any additional standards adopted by the Denver Psychoanalytic Society? Yes No  
(standards can be found at [www.apsa.org](http://www.apsa.org))

Education. Please give name and address of institution, dates of attendance, degree or certificate received and date of graduation/completion.

Undergraduate \_\_\_\_\_

Medical or graduate school \_\_\_\_\_

Residency or post-graduate training \_\_\_\_\_

Psychoanalytic training \_\_\_\_\_

Other pertinent educational experiences \_\_\_\_\_

Specialty board certification (board and date) \_\_\_\_\_

Professional associations & societies \_\_\_\_\_

\_\_\_\_\_

Hospital or academic appointments \_\_\_\_\_

**Society Membership Questions**

Please indicate if you are interested in being part of the Psychodynamic Psychotherapy Outreach Referral Service. Yes No

If you indicate yes, the chair will contact you.

Please indicate your interest in psychoanalysis. Include your involvement in professional societies or association, awards & recognitions, professional papers written, research efforts, community involvement, classes taken, etc.

\_\_\_\_\_

\_\_\_\_\_

How did you hear about us?

\_\_\_\_\_ Friend/Colleague; \_\_\_\_\_ On email list; \_\_\_\_\_ Search engine; \_\_\_\_\_ Other organization

What prompted you to join the Denver Psychoanalytic Society?

- |                                   |   |
|-----------------------------------|---|
| _____ Ability to teach CE classes | _____ Networking  |
| _____ Committee Work              | _____ Notification of Society Events                                      |
| _____ CE Programs                 | _____ Opportunity to enroll in reduced fee psychotherapy referral service |
| _____ Discounts to Society events | _____ Seeking referrals   |
| _____ Making Referrals            |   |

Are you interested in being on a Society Committee.

Yes No

**Patient Information** (if you'd like it to appear in the public directory)

Are you currently accepting new patients?      Yes    No

Please indicate if you accept insurance:

<input type="checkbox"/> Aetna	<input type="checkbox"/> Medicaid	<input type="checkbox"/> TriCare
<input type="checkbox"/> Ameriben	<input type="checkbox"/> Medicare	<input type="checkbox"/> CUGME (residents)
<input type="checkbox"/> Anthem BCBS	<input type="checkbox"/> Mines & Associates	<input type="checkbox"/> United
<input type="checkbox"/> Cigna	<input type="checkbox"/> None	<input type="checkbox"/> United Behavioral
<input type="checkbox"/> Cofinity	<input type="checkbox"/> Rocky Mountain Health	<input type="checkbox"/> Health
<input type="checkbox"/> Denver Health Plan	<input type="checkbox"/> Plan	<input type="checkbox"/> Value Options

Treatment Approach:     Psychoanalytic     Psychodynamic

Client Focus:

<input type="checkbox"/> Preteens/Tweens (11-13)	<input type="checkbox"/> Elders
<input type="checkbox"/> Adolescents/Teenagers (14 – 19)	<input type="checkbox"/> Medical School Residents
<input type="checkbox"/> Adults	

Specialties:

<input type="checkbox"/> Academic Underachievement	<input type="checkbox"/> Men's Issues
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Narcissistic Personality
<input type="checkbox"/> Child or Adolescent	<input type="checkbox"/> Parenting
<input type="checkbox"/> Depression	<input type="checkbox"/> Peer Relationships
<input type="checkbox"/> Divorce	<input type="checkbox"/> Pregnancy
<input type="checkbox"/> Grief	<input type="checkbox"/> Relationship Issues
<input type="checkbox"/> Infertility	<input type="checkbox"/> Self Esteem
<input type="checkbox"/> Infidelity	<input type="checkbox"/> Sexual Abuse
<input type="checkbox"/> LGBTQ	<input type="checkbox"/> Trauma & PTSD
<input type="checkbox"/> Marital & Premarital	<input type="checkbox"/> Women's Issues

In submitting this application, the applicant acknowledges that he or she has read and agrees to abide by the principles on ethics of the American Psychoanalytic Association and any additional standards adopted by the Denver Psychoanalytic Society.

The Denver Psychoanalytic Society embraces a policy of nondiscrimination in relation to gender, race, religion, national origin, and sexual orientation.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Submit application to: (mail or fax)

The Denver Psychoanalytic Society  
Mail Stop F546  
13001 E. 17<sup>th</sup> Place  
Aurora, CO 80045

Fax: 303-724-2668