



2701 First Avenue, Suite 120  
Seattle, WA. 98121  
(206) 930-2886

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## **APPLICATION FOR ACTIVE MEMBERSHIP**

Please attach the following:

1. Curriculum Vitae.
2. Photocopy of license.
3. Photocopy of psychoanalytic certificate.
4. Signed NPSI ethics form.
5. Photocopy of current malpractice insurance coverage.

In addition, please have two letters of recommendation forwarded to the NPSI Office to the attention of the "Membership File." This requirement is not needed if you are a graduate of NPSI.

*Please print or type*

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Degree: \_\_\_\_\_ WA License #: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

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

\_\_\_\_\_ Phone: \_\_\_\_\_

### **PSYCHOANALYTIC TRAINING**

Institute: \_\_\_\_\_

Address: \_\_\_\_\_

Year Graduated/Certified: \_\_\_\_\_

### **MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**PROFESSIONAL AFFILIATIONS (Indicate position and/or title)**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

**ETHICAL STANDING**

- 1. Have you ever been convicted of a felony? Yes No
- 2. Have you ever had your license to practice psychotherapy restricted, suspended or revoked?  
Yes No
- 3. Have you ever resigned, been suspended, been put on probation, or been terminated from a professional organization or from a medical staff? Yes No
- 4. Have you ever been denied medical staff privileges or have your medical staff privileges ever been restricted? Yes No
- 5. Has anyone asserted or filed a claim or lawsuit against you contending that you breached any duty in providing professional care to a patient? Yes No
- 6. Has anyone asserted or filed a claim or lawsuit against you which would be regarded as a serious reflection on your integrity and moral character? Yes No
- 7. Have you ever been required to report a settlement to your licensing board or to the National Data Bank? Yes No

If the answer is yes to any of the above questions, please explain. Describe the circumstances, including the name or names of the person being paid a settlement, name or any lawsuit involved, and the court in which the lawsuit was filed.

**You are under obligation to update NPSI on any of the above items should there be any changes. If you are accepted to Membership in NPSI, you agree to promptly notify NPSI in writing if any of the above should change.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_