

## PRELIMINARY FACT SHEET

INSTITUTE NAME \_\_\_\_\_

The Program Leads to What Certificate or Diploma? \_\_\_\_\_

Year Program Established \_\_\_\_\_

Year Initially Accredited (if applicable) \_\_\_\_\_

Please indicate the Program's minimum requirements for:

### NUMBER OF HOURS

Course Work \_\_\_\_\_

Personal Analysis \_\_\_\_\_

Individual Supervision \_\_\_\_\_

Group Supervision, if any \_\_\_\_\_

Pre-psychoanalytic Internship, if any \_\_\_\_\_

Supervised Psychoanalytic Clinical Experience \_\_\_\_\_

Number of Candidates \_\_\_\_\_

Number of Faculty Members \_\_\_\_\_

Number of Board Members \_\_\_\_\_

How many of these are independent  
representatives of the public? \_\_\_\_\_