

## Simple instructions for completing this fillable PDF form

**Before** completing the document, **download and save** the form (PDF format) to a location on your computer you can remember, like Desktop or Documents.

1. Download the attachment, right-click on the form and click “Save as”.
2. Save to your Desktop or Documents.

- Open your PDF reader, Adobe Reader or Preview.
- Open the fillable form **with your PDF reader**.
- Enter your information or data into the form.
- After you have completed the form, **save a final version of the file to your computer**.
- Attach the final version to your email.

**In sum: Do not complete the form online within your web browser, because your data will NOT be saved. Save it to your computer first, and then fill it out *in Adobe Reader*.**

- Recommended: Use the latest version of Adobe Reader (Preview will also work on Mac OS).

Adobe Reader is available (free) at <http://get.adobe.com/reader/>



# New York Graduate School of Psychoanalysis

16 West 10<sup>th</sup> Street, New York, NY 10011  
Telephone: (212) 260-7050 Fax: (212) 228-6410  
Email: [nygsp@bgsp.edu](mailto:nygsp@bgsp.edu) Web: [ny.bgsp.edu](http://ny.bgsp.edu)



## Statement of Individual Analysis PT 7 Semester: Fall 2021

At the request of NYGSP student \_\_\_\_\_, I herewith specify that he/she is currently in an individual psychoanalysis with me.

The **frequency** of sessions is:

Weekly      Twice weekly      Other

If other, please specify:

Total number of sessions completed to date\*: \_\_\_\_\_

Number of individual sessions during the period February 1 to July 31, 2021: \_\_\_\_\_

Was the **above frequency** maintained during the spring 2021 semester?

Yes      No      Mostly      If "No" or "Mostly", please explain:

Analyst's signature: \_\_\_\_\_   \*Date: \_\_\_\_\_

Analyst's full name: \_\_\_\_\_

Address (if not previously submitted): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Psychoanalytic Training (only if not previously submitted)

Institute: \_\_\_\_\_ Graduation date: \_\_\_\_\_

Certification #: \_\_\_\_\_ NYS license #: \_\_\_\_\_

Other graduate schools attended, degrees earned:

Psychoanalytic Affiliations:

SMP membership. P-#:

NAAP membership:

Other: