

 **Institutional Membership Application**

Please complete this fillable PDF on your computer. When complete, simply save as a PDF and send it – along with supporting documentation – to membership@psychodynamiccanada.org

Membership fee						
Institutional Membership carries a \$300 one-time fee. You will be billed once your application is accepted.						
Institutional information						
Full legal name of institution						
Address (street)						
City		Province		Postal Code		
Phone (work)					Phone (cell)	
Email			Fax			
Questions about your Institution						
Please note that, depending on the length of your response, the full text may not show up in the fillable boxes (i.e., the boxes do not expand, but all text is nonetheless captured).						
In what year was your institution established?						
In what year did your institution graduate its first trainees?						
How many students graduate each year?						
What is the size of your core faculty?						
What is the length of your institution’s basic training program for psychotherapy?						

	<p>Outline your areas of academic study, highlight and provide an explanation of those areas that focus on psychodynamic theory.</p>
	<p>Outline how your institution conducts practical preparation and supervision for psychodynamic psychotherapists.</p>
	<p>Does your institute offer other education or training programs in addition to psychotherapy training? If yes, please list.</p>
	<p>Explain how your institution conducts or provides training in professional ethics.</p>

List of supporting documents that accompany application			
Please list (and attach) documents that support your application:			
	Document required	Title of your attachment	
1)	Legal title of your institute		
2)	General description of each training year		
3)	Description of academic and clinical hours completed in order to graduate		
4)	Other relevant documents(s)		
Confirm and sign to complete application			
<input type="checkbox"/>	I consent to listing the name of this institution as a member on the CAPT website.		
<input type="checkbox"/>	I have read and agree to adhere to the CAPT Code of Ethics as an institutional member.		
	Authorized Signature		Date
	Please Print Name		