

**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? | _____           |