

American Board for Accreditation in Psychoanalysis, Inc.

AUTHORIZATION FOR APPLICATION FOR ACCREDITATION
For Psychoanalytic Training Program

Institution with which Training Program is Affiliated: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____ Email: _____

Year the program was established: _____

Does the program affiliate with a particular school of thought? _____

Is the program accredited by any other agency; if so, what agency/agencies? _____

Name of Program Director: _____

Program Director's Phone No.: _____ Email Address: _____

This authorization confirms that this institution has conducted a psychoanalytic training program for at least two years with a demonstrated history of compliance with the accreditation standards of ABAP, Inc.

The program desires to apply for (select one) Candidacy Status/Initial Accreditation and is prepared to develop a self-study in preparation for a site visit evaluation.

Signature: _____ Date: _____

Name: _____
President or CEO of the Institution

Please enclose:

- A copy of the institution's articles of incorporation, charter, or state authority to operate;
- A copy of the institution's Bylaws;
- A copy of the organization's financial statements for the last three years;
- The current catalog for the program seeking accreditation; and
- An application processing fee of \$250.00.

Please return to:

The American Board for Accreditation in Psychoanalysis, Inc.
28 East 39th Street
New York, NY 10016
abap@abapinc.org