

Chicago Center for Psychoanalysis

PO Box 6095

Evanston Il 60204-6095

Supervised Psychoanalysis: Case Opening Report

Candidate: _____

Date: _____

I have begun my (*first, second, third*) _____ supervised psychoanalytic case on (*date*) _____.

I will see this person _____ times per week.

Supervisor: _____ Address: _____

I will meet with *her/him* _____ (*weekly, bi-weekly*).

My patient will pay me \$ _____ /session.

I will pay my supervisor \$ _____ / session.

Submit this form in electronic copy to tkalven@ccpsa.org and in hard copy to Toula Kalven, Chicago Center for Psychoanalysis at the above PO Box address. Please submit a second hard copy to Adina Keesom, Progression Chair, 708 Church St #243, Evanston, IL 60201. The completed form will be viewed by the Progression Chair and your assigned Progression Mentor and will be saved in your file.

