**Chicago Center for Psychoanalysis**

**PO Box 268017**

**Chicago IL 60626**

**Supervised Psychoanalysis: Case Closing Report**

Candidate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I have completed the required clinical and supervisory hours for this (*first, second, third*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ case with \_\_\_\_\_\_\_\_\_\_\_\_\_ (*insert patient’s initials).*

I have seen this patient a total of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hours.  
I have met with my supervisor a total of \_\_\_\_\_\_\_\_\_\_\_\_\_ hours.   
The case is ongoing: \_\_\_\_\_\_\_\_ yes; \_\_\_\_\_\_\_\_\_ no.  
  
My patient was paying me $ \_\_\_\_\_\_\_\_\_\_\_\_\_ / session  
I was paying 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 Steve Vogelstein, Progression Chair, 540 Frontage Road, Suite 2110, Northfield IL 60093.*  *The completed form will be viewed by the Progression Chair and your assigned Progression Mentor and will be saved in your file.*