

Chicago Center for Psychoanalysis

PO Box 6095

Evanston, Il 60204-6095

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 Toulou 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.

