**Chicago Center for Psychoanalysis**

**PO Box 268017**

**Chicago IL 60626**

**Record of Supervised Psychoanalyses**

Candidate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**First Supervised Psychoanalysis**

Initials of analysand \_\_\_\_\_\_ Date psychoanalysis began \_\_\_\_\_\_\_\_\_\_\_
Is this case ongoing? Yes \_\_\_ No \_\_\_
Number of sessions per week: Initially: \_\_\_\_\_ Currently: \_\_\_\_\_ Total number of sessions to date: \_\_\_\_\_\_\_\_\_\_

Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Frequency of supervisory sessions: Initially\_\_\_\_\_\_\_\_\_\_\_\_\_\_Currently:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total number of supervisory sessions to date on this case\_\_\_\_\_\_\_\_\_ If supervision has ended, date: \_\_\_\_\_\_\_\_\_\_\_\_

*I have completed the required number of analytic and supervisory hours for this case: Yes \_\_\_\_\_ Not yet \_\_\_*

**Second Supervised Psychoanalysis**

Initials of analysand \_\_\_\_\_\_ Date psychoanalysis began \_\_\_\_\_\_\_\_\_\_\_
Is this case ongoing? Yes \_\_\_ No \_\_\_
Number of sessions per week: Initially: \_\_\_\_\_ Currently: \_\_\_\_\_ Total number of sessions to date: \_\_\_\_\_\_\_\_\_\_

Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Frequency of supervisory sessions: Initially\_\_\_\_\_\_\_\_\_\_\_\_\_\_Currently:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total number of supervisory sessions to date on this case\_\_\_\_\_\_\_\_\_ If supervision has ended, date: \_\_\_\_\_\_\_\_\_\_\_\_

*I have completed the required number of analytic and supervisory hours for this case: Yes \_\_\_\_\_ Not yet \_\_\_*

**Third Supervised Psychoanalysis**
Initials of analysand \_\_\_\_\_\_ Date psychoanalysis began \_\_\_\_\_\_\_\_\_\_\_

Is this case ongoing? Yes \_\_\_ No \_\_\_
Number of sessions per week: Initially: \_\_\_\_\_ Currently: \_\_\_\_\_ Total number of sessions to date: \_\_\_\_\_\_\_\_\_\_

Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Frequency of supervisory sessions: Initially\_\_\_\_\_\_\_\_\_\_\_\_\_\_Currently:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total number of supervisory sessions to date on this case\_\_\_\_\_\_\_\_\_ If supervision has ended, date: \_\_\_\_\_\_\_\_\_\_\_\_

*I have completed the required number of analytic and supervisory hours for this case: Yes \_\_\_\_\_ Not yet \_\_\_*

*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.*