



**Section II: Certification of Supervised Experience**

**Instructions to Supervisor:** Complete Section II, Items A and B, sign and date the affidavit and send both pages of this form directly to the address at the end of this form. **Your signature on this form must be notarized by a Notary Public. This form will not be accepted if returned by the applicant. If the supervised experience occurred outside of New York State, you must include a copy of your license and an operating certificate or authorization for the entity to provide professional services.**

**A. Supervisor's Qualifications:** I have reviewed Appendix A and I meet the qualifications as a supervisor.

I am a licensed \_\_\_\_\_ in \_\_\_\_\_  
Professional Title State

License number (Attach a copy of your license if other than New York) \_\_\_\_\_ Date licensed \_\_\_\_\_

**B. Experience Information:** I am attesting that I supervised \_\_\_\_\_ for  
Applicant Name  
**at least one hour per week or two hours every other week** in the practice of Psychoanalysis (defined below) as follows.

Address of setting where experience took place \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Dates of Experience: From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  Present  
mo. day yr. mo. day yr.

Total hours practicing Psychoanalysis: \_\_\_\_\_

**The practice of Psychoanalysis is defined as** the observation, description, evaluation, and interpretation of dynamic unconscious mental processes that contribute to the formation of personality and behavior in order to identify and resolve unconscious psychic problems which affect interpersonal relationships and emotional development, to facilitate changes in personality and behavior through the use of verbal and nonverbal cognitive and emotional communication, and to develop adaptive functioning; and the use of assessment instruments and mental health counseling and psychotherapy to identify, evaluate and treat dysfunctions and disorders for purposes of providing appropriate psychoanalytic services.

**Affidavit with Acknowledgement** (Notarization required.)

**Supervisor**

I declare and affirm that the statements made in the foregoing application, including any attached statements, are true, complete and correct and that the experience I am attesting to meets the requirements for supervised experience detailed in Appendix A. **This form must be signed and dated in the presence of a Notary Public.**

Check here if you are attaching additional information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mo. day yr.

Print Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Notary**

State of \_\_\_\_\_ County of \_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_ before me, the above signed, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to this application and acknowledged to me that he/she executed the application and swore that the statements made by him/her in the application and all supporting materials are true, complete, and correct.

Notary Public signature \_\_\_\_\_

Notary ID number \_\_\_\_\_

Expiration date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

**Notary Stamp**

**Return Directly to: New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Psychoanalysis Unit, 89 Washington Avenue, Albany, NY 12234-1000.**