

Section II: Certification of Licensed Experience

Instructions to Licensed Colleague: 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. You must include a copy of your license.**

A. Licensed Colleague's Qualifications:

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 _____
Applicant Name

practiced Psychoanalysis (defined below) as follows.

Address of setting where experience took place _____ City _____ State _____ Zip Code _____

Dates of Experience: From _____ / _____ / _____ To _____ / _____ / _____
mo. day yr. mo. day yr.

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.)

Licensed Colleague

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 definition of Psychoanalysis. **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.