

Applicants must be in good standing according to the guidelines within their own profession. If the answer to any of the following questions is yes, please attach a detailed statement of explanation:

- a. Have you ever been convicted of a felony or pled *nolo contendere* to a felony?
- b. Has your membership in a state, county, or local professional society ever been revoked, suspended, placed on probation, or restricted in any manner as a result of an ethical violation or for any other reason?
- c. Have you ever voluntarily surrendered, or did you have suspended, revoked, placed on probation, or restricted in any manner any professional license by any licensing authority?
- d. Have you ever been the subject of any type of disciplinary action or inquiry by any licensing agency, institution, or society?

#### **REFERENCES**

Please have two people who are familiar with your professional work complete a letter of recommendation, which is enclosed below. Please ensure that your letter is returned to the Center as specified on the recommendation form.

#### **MEMBERSHIP BENEFITS**

- Discounted registration fees to Scientific Meetings, Community Programs, and Extension Division courses;
- Access (24/7) to PEP Web database (see [www.PEP-Web.org](http://www.PEP-Web.org));
- Participation in Center Scientific Meetings;
- Library privileges to the largest psychoanalytic library between Atlanta and Houston;
- Eligibility to serve on or chair Center committees and governance Board.

Prospective members are asked to complete and mail this application, along with General Membership dues of \$160 to the New Orleans-Birmingham Psychoanalytic Center at 3624 Coliseum Street, New Orleans, LA 70115. Your application will be reviewed and voted on by the Membership Committee and the Center Board of Directors at their next meeting.

When accepted, I agree to abide by the Bylaws of the Center.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## ***New Orleans-Birmingham***



## ***Psychoanalytic Center***

### **MEMBERSHIP APPLICATION**

**New Orleans-Birmingham Psychoanalytic Center  
3624 Coliseum Street  
New Orleans, Louisiana 70115  
Telephone: (504) 899-5815  
Fax: (504) 899-5886**

**THE NEW ORLEANS–BIRMINGHAM PSYCHOANALYTIC CENTER** is a community of clinicians, scholars, and others interested in the many different elaborations and contemporary applications of Freud’s original theories. The Center offers seminars, discussion groups, and research opportunities of both practical and theoretical nature to psychiatrists, psychologists, general practitioners, nurses, teachers, social workers, students, and other health care providers, as well as the community.

**The mission of the Center is to develop a community of analysts, analytically informed clinicians, scholars, artists, and lay people who share an interest in psychoanalysis and the application of a psychoanalytic point of view to the human condition. Further, our intention is to do this within an organization and structure that fosters maximum participation, cooperation, creative involvement, and mutual respect among members of differentiated competencies and backgrounds who share these values, interests, and commitments.**

Name:

Office Address:

Home Address (Optional):

Phone Numbers:

Office:

Fax:

Home:

Cell:

Email:

Professional Credentials:

Professional Affiliations:

Please provide a brief statement regarding your interest/intent in joining NO-BPC.

What are your professional/clinical interests?

What are your additional outside interests?

In what committees or activities would you be interested in being involved? (Circle one or more.)

Membership

Clinician Assistant

Ethics

Library

Nominating

Policy & Procedures

Information

Finance

Outreach and Continuing Education (Includes: Scientific Meetings & Programs, Film Series, Honorary Fellowship)

**New Orleans Birmingham Psychoanalytic Center  
Letter of Recommendation**

**TO BE COMPLETED BY APPLICANT**

Name of Applicant: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Applicant's Telephone No.: \_\_\_\_\_

Applicant's e-mail Address: \_\_\_\_\_

**TO BE COMPLETED BY REFEREE**

1. How long have you known the applicant and in what capacity?
  
  
  
  
  
  
  
  
  
  
2. Please comment on why you would recommend this person as a member of the New Orleans Birmingham Psychoanalytic Center.
  
  
  
  
  
  
  
  
  
  
3. Please comment on your perception of the applicant's professional work.
  
  
  
  
  
  
  
  
  
  
4. Applicants must be in good standing according to the guidelines within their own profession. Please comment on the ethics of the applicant. Are you aware of any ethical violations committed by the applicant? Has this applicant ever been sanctioned by a professional board/institution?
  
  
  
  
  
  
  
  
  
  
5. Please feel free to add any additional comments.

Referee's name (type or print): \_\_\_\_\_

Referee's signature: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

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

**Please return this form to: The New Orleans Birmingham Psychoanalytic Center, attention Membership Committee, 3624 Coliseum St, New Orleans, Louisiana 70115**