

Applicants who are in the following categories of applicants are automatically eligible for admission if they have also met the other eligibility requirements listed in this section. Applicants who are not in these categories do not have automatic eligibility; such an applicant may receive clinical training if the Institute supports this course and also receives a waiver from the Board on Professional Standards. Within those categories of applicants that are automatically eligible for admission, each constituent Institute has the discretionary authority to determine which category of applicants that it will accept for training.

1. Doctors of Medicine or of Osteopathic Medicine who have graduated from an accredited medical school or osteopathic medical school, and are in or have completed a psychiatry residency program and are licensed in the jurisdiction in which they practice, or practice in a jurisdiction in which their practices are not regulated by licensure.
2. Mental health professionals who have completed a doctoral level degree from an accredited mental health clinical program, who are licensed in the jurisdiction in which they practice, or practice in a jurisdiction in which their practices are not regulated by licensure.
3. Mental health professionals who have graduated from an accredited mental health degree program with a clinical master's degree. This must be a degree generally recognized as the highest clinical degree within a specific mental health profession (masters in social work, in marriage and family therapy, and in psychiatric nursing). These individuals must also have completed at least two additional post masters' degree years of didactic and clinical training including 3000 hours of clinical experience as well as 1) 60 hours post masters of psychodynamic psychotherapy supervision and 60 hours post masters of psychodynamically oriented courses and clinical seminars or, 2) a two year organized post masters psychodynamic psychotherapy program including supervised clinical experience. They must be licensed in the jurisdiction in which they practice, or practice in a jurisdiction in which their practices are not regulated by licensure.

Success in psychoanalytic education and clinical training cannot be predicted simply on the basis of prior education, degree category, or years of clinical experience. The quality and extent of previous mental health education and clinical training must be assessed. While psychoanalysis may be the most effective treatment for properly selected patients, it is a highly specialized procedure. Because many patients require treatments supplementary to psychoanalysis or other modalities of treatment, a psychoanalyst must be competent in psychodiagnostic assessment in order to either provide care or make appropriate dispositions for such patients. Psychoanalytic education itself does not include all of the theoretical background knowledge or clinical experience that optimally prepares the future psychoanalyst for competence in these functions. Rather, competence should already be achieved, or be well along in the process of achievement. In addition, psychoanalytic education alone does not afford the degree of clinical immersion necessary for the development of basic professionalism and professional identity that underlies an uncompromising commitment to responsibility for patients.