Appendix E

IRSJA Training Transcript June 1, 20__ through May 31, 20__ Submit Transcript by June 15.

Personal Information:					
Name:					
Address:					
City:					
State:					
Zip Code:					
Email Address:					
Candidate Information: (Latest Applicable)					
Joined Local Training Seminar (Year):					
Accepted into IRSJA (Year):					
Passed Propaedeuticum (Year):					
Entered Control (Year):					
<u>Local Training Seminar</u>					
Name/Site:					
Coordinator:					
Leave(s) of Absence (Month/Year)	,				
From:	To:				
From:	То:				
From:	To:				
Examination History					
<u>Propaedeuticum</u>	Date Taken (Month/Year)	Passed (Yes/No)			
Archetypal					
Retake (if applicable)					
Complex					
Retake (if applicable)					
Dream					
Retake (if applicable)					
History and Development					
Retake (if applicable)					
Written					
Retake (if applicable)					
<u>Final: Thesis</u>					
Retake (if applicable)					
Final: Cases					
Retake (if applicable)					
Review Committee					
Chair:					
Member:					
Mambar					
Member: Member:					

Thesis
Proposed Title:
Thesis Committee
Chair:
Selected Reader:
Appointed Reader:
Cases Committee
Chair:
Appointed Reader:
Appointed Reader:
Graduation
Date: (Day/Month/Year)

Analytic Record

Prior to IRSJA Acceptance					
Analyst's Name		IRSJA Analyst (Yes/No)			Hours
·					
TOTAL HOURS	TOTAL HOURS				
Hours Since Acceptance As Candidate					
	IRSJA			Hours by	
	Analyst		Hours in	Tele-	Total
Analyst's Name	(Yes/No))	Person	Conf	Hours
TOTAL HOURS THIS REPORTING PERIOD					
TOTAL HOURS SINCE ACCEPTANCE AS CANDIDATE (refer to prior transcript					
for base)					

Supervision Record

Pre-Control Stage				
Pre-Propaedeuticum Supervision				
(Minimum 12 hours annually face-to-face with IRSJA ar	nalyst)			
			Hours by	
	IRSJA Analyst	Hours in	Tele-	Total
Analyst's Name	(Yes/No)	Person	Conf	Hours
TOTAL HOURS THIS REPORTING PERIOD	<u>'</u>			
TOTAL HOURS SINCE ACCEPTANCE AS CANDIDATE (refe	er to prior transcript			
for base)	•			
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Didactic Training (List at End of Transcript)	

Control/Diploma Stage								
Control Supervision								
						Hou	rs	
					Hours in	n by Te	le-	Total
					Person	Cor	nf	Hours
TOTAL SUPERVISION HOURS THIS REPO	ORTING PERIOD							
Cases Diploma Examination	Analyst's Name		IRSJ	A Analyst				
Requirements			(Yes	/No)				
CASE #1 (50 hrs total required; 25%								
may be teleconf)								
CASE #2 (20 hrs total required; 25%								
may be teleconf)								
CASE #3 (Required hrs not								
specified)								
Oth on Companision !	Γ				1			
Other Supervision hours								
TOTAL HOURS SINCE ACCEPTANCE IN (CONTROL (refer to p	rior tra	nscrip	t for				
base)	` '		•					
,					ı	l		
Case Colloquia								
Leader Name:			tended: Hours Pi		resented: *			
	2000							
Total								
Didactic Training								
Local Seminar Name/Site:								
Course Title			la abar.	a.			Hou	
Course Title:			Instru	ctor:			Att	ended:
		+						
		+						

SUBMISSION AND VERIFICATION				
Submitted by: (Candidate Signature)	Date:			
Verified by:				
Pre-Control (LSTC Signature):	Date:			
Control/Diploma (DoT Signature):	Date:			

Revised: April 20, 2015