

**IRSJA Training Transcript**  
**June 1, 20\_\_\_\_ through May 31, 20\_\_\_\_**  
**Submit Transcript by July 15.**

<b>Personal Information:</b>
Name:
Address:
City:
State:
Zip Code:
Email Address:

<b>Candidate Information: (Latest Applicable)</b>	
Joined Local Training Seminar (Year):	
Accepted into IRSJA (Year):	
Passed Propaedeuticum (Year):	
Entered Control (Year):	
<u><b>Local Training Seminar</b></u>	
Name/Site:	
Coordinator:	

<b>Leave(s) of Absence (Month/Year)</b>	
From:	To:
From:	To:
From:	To:

<b>Examination History</b>		
<u>Propaedeuticum</u>	Date Taken (Month/Year)	Passed (Yes/No)
<i>Archetypal</i>		
Retake (if applicable)		
<i>Complex</i>		
Retake (if applicable)		
<i>Dream</i>		
Retake (if applicable)		
<i>History and Development</i>		
Retake (if applicable)		
<i>Written</i>		
Retake (if applicable)		
<u>Final: Thesis</u>		
Retake (if applicable)		
<u>Final: Cases</u>		
Retake (if applicable)		

<b>Review Committee</b>
Chair:
Member:
Member:
Member:
<b>Thesis</b>
Proposed Title:
<b>Thesis Committee</b>

Chair:
Selected Reader:
Appointed Reader:
<b>Cases Committee</b>
Chair:
Appointed Reader:
Appointed Reader:
<b>Graduation</b>
Date: (Day/Month/Year)

### Analytic Record

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

### Case Consultation Record

<b>Pre-Control Stage</b>				
<u>Pre-Propaedeuticum Case consultation</u>				
(Minimum 40 hours annually with IRSJA analyst)				
Analyst's Name	IRSJA Analyst (Yes/No)	Hours in Person	Hours by Tele-Conf	Total Hours
TOTAL HOURS THIS REPORTING PERIOD				
TOTAL HOURS SINCE ACCEPTANCE AS CANDIDATE (refer to prior transcript for base)				
<i>Didactic Training (List at End of Transcript)</i>				

<b>Control/Diploma Stage</b>					
<u>Control Case consultation</u>					
			Hours in Person	Hours by Tele- Conf	Total Hours
TOTAL CASE CONSULTATION HOURS THIS REPORTING PERIOD					
Cases Diploma Examination Requirements	Analyst's Name	IRSJA Analyst (Yes/No)			
CASE #1 (50 hrs. total required; 50% may be teleconf.)					
CASE #2 (20 hrs. total required; 50% may be teleconf.)					
CASE #3 (Required hrs. not specified)					
Non-Cases-exam case consultation hours					
TOTAL HOURS SINCE ACCEPTANCE IN CONTROL (refer to prior transcript for base)					

<b>Case Colloquia</b>			
Leader Name:	Date:	Hours Attended:	Hours Presented: *
Total			

<b>Didactic Training</b>		
Local Seminar Name/Site:		
Course Title:	Instructor:	Hours Attended:

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

Revised: April 20, 2015