

October 1, 2017

The attached documents comprise the information you will need to understand the application process that is now followed when IPI participants are interested in becoming a member of the IPI Faculty. This process was developed by the Faculty Development Committee who attempted to be sensitive to both institutional and faculty needs. The committee that worked over a two year span of time included: Norma Caruso, Doug Dennett, Hilary Hall, Vali Maduro, Colleen Sandor, the late Geoff Anderson, and Chair, Karen Sharer-Mohatt.

If you are interested in serving IPI through a Faculty capacity, please contact the Chair of the committee to begin an initial conversation and to be appointed a mentor to help guide you through the process. You will note that extensive documentation of: professional licensure, training, supervision, psychotherapy and/or psychoanalysis, recommendations from past and present supervisors, and an ethical disclaimer, are all required along with the completion in full of the Application Checklist for the application to be reviewed and to proceed toward appointment as IPI faculty.

Please contact Karen Sharer-Mohatt at [drmoḥatt@gmail.com](mailto:drmoḥatt@gmail.com) or 402-432-3629 with any questions or concerns regarding the above.

Thank-you and best wishes!

## **IPI Faculty Application Process (2016)**

**Step 1:** A Full member (as defined by the IPI Membership Policy – Appendix A), expresses desire to become IPI Faculty and is invited to submit a letter to apply for Faculty Appointment to the IPI Faculty Development Committee (FDC).

**Step 2:** The FDC chair or a member of the FDC committee will meet with the applicant to review the application process.

**Step 3:** The FDC chair will appoint an advisor who will review the Application checklist with the Applicant, assist them in preparation of their application, and guide them through the process.

**Step 4:** Having been informed of the process and tasks, the applicant completes the application with documentation of the items on the Application Checklist.

**Step 5:** The applicant submits the completed application and documentation to the Chair of the FDC.

**Step 6:** The FDC Chair brings the application(s) to the committee for review. If an applicant has significant outside training, this will be considered for equivalence to the IPI Core Program. The applicant will be required to meet the post-Core criteria for faculty selection. The applicant will attach three (3) letters of recommendation, two (2) from supervisors, and one (1) general letter of support.

**Step 7:** Once the applicant's packet is completed and received by the FDC, the committee will solicit input via Survey Monkey regarding an applicant's possible appointment from the general IPI Faculty. The FDC Chair will send an email announcing the application for faculty status has been received from (X applicant), along with the survey to be completed. Current IPI Faculty will be invited to submit confidential/anonymous comments to the Chair of the IPI FDC.

**Step 8:** After the application is presented to the FDC for review, the applicant is notified of any need for additional documentation per what is specified on the Application checklist. If more documentation is required, or there are requirements that have not been completed, the applicant will be informed or such and provided an opportunity to submit documents and/or complete missing requirements. If there are multiple documents or requirements that are not met, the applicant will be asked to complete those items and resubmit an application for a second review. In cases where the FDC determines the applicant is not ready for advancement (because objective established criterion have not been met, or substantial concerned responses have been expressed on the survey), the application will be closed. The applicant may reapply at a future date if they have substantially met missing requirements.

**Step 9:** Once the application is deemed successfully completed, the FDC will send the recommendation (to be accepted or not as IPI Faculty) to the Director of IPI for final oversight of acceptance.

**Step 10:** When appointed as new faculty, the new faculty member is assigned/suggested a mentor or mentors with whom to work for one academic year (or timeline to be determined based on new faculty needs) to gain valuable experience in completing faculty functions such as co-leading a weekend, chairing a guest, co-leading a group, and co-teaching. The new faculty member will also complete an interest survey (Appendix B) to identify programs or committees on which they might serve.

**Step 11:** Faculty and general IPI community will be informed of the acceptance of the new member into their role as Faculty.

(updated 11/3/16)

## **Appendix A – Full Membership Status Definition**

Prerequisite for Full membership status is graduation from the IPI Two-Year Program in Object Relations Theory and Practice, or equivalent training.

**(Final Draft February 2016)**

**Application Checklist for IPI Faculty Appointment  
(Appendix B)**

**Applicant:** \_\_\_\_\_ **Degree** \_\_\_\_\_  
**Graduate or Medical School attended:** \_\_\_\_\_  
**Internship or Residency location:** \_\_\_\_\_  
**Date application/checklist submitted:** \_\_\_\_\_  
**Faculty Advisor for Application Process:** \_\_\_\_\_

\_\_\_ Applicants should write a four or five sentence statement detailing why they wish to be considered for an IPI Faculty Appointment and submit it with your application.

\_\_\_ Applicant has been advised that the FDC will solicit feedback about their participation and credentials from IPI Full Faculty Members: \_\_\_ yes \_\_\_ no.

**Please indicate below if and when you completed the following (must attend a minimum of 4 consecutive weekends).**

Core Program        \_\_\_ yes        \_\_\_ no. Dates: \_\_\_\_\_  
Fellows Program    \_\_\_ yes        \_\_\_ no. Dates: \_\_\_\_\_  
CCF                 \_\_\_ yes        \_\_\_ no. Dates: \_\_\_\_\_  
PCPP                \_\_\_ yes        \_\_\_ no. Dates: \_\_\_\_\_  
IIPIT                \_\_\_ yes        \_\_\_ no. Dates: \_\_\_\_\_  
Infant Observation \_\_\_ yes        \_\_\_ no. Dates: \_\_\_\_\_

If you attended an equivalent program, please complete the following:

Name of Equivalent Program: \_\_\_\_\_  
Dates of admission: \_\_\_\_\_ to \_\_\_\_\_  
Completion date: \_\_\_\_\_

**Please attach the following:**

\_\_\_ a copy of certificate of completion for the equivalent program.  
\_\_\_ a copy of your current professional license.

**Please have supervisors send to the FDC Chair:**

\_\_\_ a copy of letters of support from 2 supervisors.  
\_\_\_ 1 general letter of support.

**I have attended a minimum of 4 consecutive weekends of an IPI program, and participated in weekend-only or program-related GAM Groups during those weekends.**

\_\_\_\_\_ yes \_\_\_\_\_ no

**I have completed the GAM group leader/teacher training course offered by IPI.**  
\_\_\_\_\_ yes \_\_\_\_\_ no

**I have completed a local or national presentation that was mentored and supervised by an IPI National Faculty member.**  
\_\_\_\_\_ yes \_\_\_\_\_ no

If so, on what topic? \_\_\_\_\_  
Clinical or theoretical? \_\_\_\_\_  
When and where? \_\_\_\_\_  
Supervisor name \_\_\_\_\_

**I have participated in at least 2 years of twice weekly psychoanalytic psychotherapy or psychoanalysis.**

\_\_\_ I am currently in psychotherapy/psychoanalysis. To date, I have been in treatment for \_\_\_ years at a frequency of \_\_\_ per week.  
Have you previously experienced psychodynamic psychotherapy or psychoanalysis?  
\_\_\_ yes \_\_\_ no. How many times a week? \_\_\_  
From when to when? \_\_\_\_\_  
I agree that my Psychotherapist/Psychoanalyst may be requested to verify treatment orientation: \_\_\_\_\_ yes \_\_\_\_\_ no  
Name of Psychotherapist/Psychoanalyst: \_\_\_\_\_  
Contact Information: \_\_\_\_\_

**I am actively engaged in the practice of psychoanalytic psychotherapy or psychoanalysis.** \_\_\_\_\_ yes If yes: \_\_\_\_\_ full-time; \_\_\_\_\_ part-time.  
\_\_\_\_\_ no

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**Have you received clinical supervision from at least two different supervisors on an ongoing basis?**

Whom? (1) \_\_\_\_\_ (2) \_\_\_\_\_  
Dates: (1) \_\_\_\_\_ to \_\_\_\_\_ (2) \_\_\_\_\_ to \_\_\_\_\_

**Have you participated in any other relevant post-graduate clinical/scholarly activities that would enhance your skills? (ie: written or edited an article, chapter or book, taught post-graduate seminars or courses in a university or medical school, received training in clinical supervision).** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If Appointed:**

**I agree to participate in IPI Faculty meetings. I agree to pay IPI Faculty dues. I agree to participate in group processes and institutional meetings as needed.**

**Ethical Disclaimer: I hereby certify that to my knowledge there have never been any professional ethical charges or charges of unprofessional conduct against me.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Date received by FDC:** \_\_\_\_\_

**Committee Signatures:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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