

## Confirmation of Self-Experience/Training Analysis

Psychoanalyst: \_\_\_\_\_

Student: \_\_\_\_\_

The student was in self-experience/analysis with me

from \_\_\_\_\_ until \_\_\_\_\_  
(month and year) (month and year)

Number of hours **before** matriculation to the training program \_\_\_\_\_

Number of hours **after** matriculation to the training program \_\_\_\_\_

Total number of hours **to date** \_\_\_\_\_

(1 session à 45 Min.)

Date: \_\_\_\_\_

Signature: \_\_\_\_\_