



**Secretary of State  
Office of Professional Regulation**

**PSYCHOANALYST**

**Verification of Education**

Complete the applicant section of this form and forward to the institution where you received your education.

**Applicant:**

<b>First Name</b>	<b>MI</b>	<b>Last Name &amp; Title (Jr., Sr., II, III, etc.)</b>	<b>Former/Maiden</b>
<b>Mailing Address:</b>	<b>P.O. Box</b>		
	<b>Street/Apt #</b>		
	<b>City/State/Zip</b>		
	<b>Country</b>		

I hereby authorize your institution to furnish to the Vermont Office of Professional Regulation the information requested below.

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

**Information Below to Be Completed by the Institution:**

<b>Date admitted:</b>			
<b>Date applicant completed all requirements for graduation:</b>			
<b>Degree granted (Master's or Doctorate or Diploma):</b>			
<b>Date degree was granted:</b>			
<b>The candidate earned a graduate certificate or doctoral degree in psychoanalysis.</b>	<b>Yes</b>	<b>No</b>	

<b>Signature of person completing form:</b>	<b>Date:</b> /     /
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<b>Name of institution:</b>	
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<b>City:</b>		<b>State:</b>	
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<b>Telephone:</b>	
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<b>Institution: Mail to Diane Lafaille Licensing Board Specialist Office of Professional Regulation 89 Main Street, 3<sup>rd</sup> Floor Montpelier, VT 05620-3402</b>	<b>(OFFICIAL SEAL)</b>
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