

PSYCHOANALYTIC CENTER OF PHILADELPHIA
PSYCHODYNAMIC PSYCHOTHERAPY TRAINING PROGRAM
APPLICATION FOR TRAINING

Name _____ Date of Birth _____

Office Address _____

Home Address _____

Office Telephone _____ Home Telephone _____

Email Address _____ Fax _____

EDUCATION (Graduate and Undergraduate):

School _____ Degree _____ From _____ To _____

School _____ Degree _____ From _____ To _____

School _____ Degree _____ From _____ To _____

School _____ Degree _____ From _____ To _____

RESIDENCIES, INTERNSHIPS, PROFESSIONAL TRAINING:

(State type of program, Institution, Dates)

OTHER PAST PROFESSIONAL EXPERIENCE:

(Clinical Work, Teaching, Research, Post-Graduate Courses)

PRESENT PROFESSIONAL ACTIVITIES:

CURRENT ACADEMIC AND HOSPITAL APPOINTMENTS and PROFESSIONAL SOCIETY MEMBERSHIPS:

PROFESSIONAL LICENSE(S): _____

CERTIFICATIONS: _____

EXPERIENCES AS A PATIENT IN PSYCHOTHERAPY OR PSYCHOANALYSIS:

(Type(s) of treatment, name and location of therapist or analyst, number of sessions per week, dates started and completed.)

SOCIAL WORK APPLICANTS:

If you wish to be considered for a scholarship, please submit a letter stating your reasons for applying for tuition assistance and sign the following statement:

I authorize the scholarship committee to review my application materials.

Signature of Applicant

Date

1. Please include with your application:
 - a. An autobiographical sketch of preferably no more than 2 pages, including a statement of your reasons for wanting to pursue training in psychoanalytic psychotherapy.
 - b. Evidence of current liability insurance and licensure (if applicable).
 - c. A resume.
2. Please supply two letters of reference from supervisors familiar with your work.
3. All materials are preferred by June 30 for September classes. Applications are considered without regard to race, sex, religion, age, national origin, sexual preference, or physical disability. Admission decisions are made by the Administrative Faculty. Application materials will be treated confidentially.
4. Enclose \$50 nonrefundable application fee payable to: Psychoanalytic Center of Philadelphia.
5. Please mail to: PCOP @ Rockland – East Fairmount, 3810 Mt. Pleasant Drive, Philadelphia, PA 19121
Attention: Director, Psychodynamic Psychotherapy Training Program
6. We look forward to receiving your application.