

DATE _____

PSYCHOANALYTIC CENTER OF PHILADELPHIA

APPLICATION FOR TRAINING IN CHILD & ADOLESCENT PSYCHOANALYSIS

PLEASE TYPE

NAME _____

OFFICE ADDRESS _____

TELEPHONE _____ FAX _____ EMAIL _____

HOME ADDRESS _____

TELEPHONE _____ FAX _____ EMAIL _____

DATE AND PLACE OF BIRTH _____

CITIZENSHIP _____

If born outside USA, how many years have you been here? _____

MARITAL STATUS _____ NUMBER OF CHILDREN _____

EDUCATIONAL TRAINING (include Graduate and Undergraduate):

School _____ Degree _____ From _____ To _____

School _____ Degree _____ From _____ To _____

School _____ Degree _____ From _____ To _____

School _____ Degree _____ From _____ To _____

Gen. Internship _____ From _____ To _____

INTERNSHIP/RESIDENCIES:

Type

Institution

Inclusive Dates

INTERNSHIP/RESIDENCIES (Continued):

State Licenses: (If National Board Diplomate, give year)

State

Year

State

Year

OTHER PROFESSIONAL EXPERIENCE: (As research, private practice, post-graduate courses, supervised experience, etc.)

Type

Institution

Inclusive Dates

PRESENT PROFESSIONAL ACTIVITIES:

If transfer from another Institute, give name of Institute and Director of Training Program:

Have you ever applied for admission to this or any other Psychoanalytic Institute?

_____ If yes, give name of Institute and date of application:

Disposition of application: _____

NAME _____

Have you ever been in treatment? _____

If so, please describe type, frequency and length. _____

Please give name of therapist.

Date Started _____ Date Completed _____ Total # of Hours _____

Board Certification: (Give specialty and year)

Staff Appointments:

Hospital/Institution

Title

Full or Part-Time

Teaching Appointments:

University

Title

Full or Part-Time

Membership in Professional or Scientific Societies:

<u>Society</u>	<u>Grade of Membership</u>
_____	_____
_____	_____
_____	_____
_____	_____

1. Please submit three copies of autobiography.
2. Please enclose your application fee of \$300 payable to *Psychoanalytic Center of Philadelphia*.
3. Enclose three copies of case write-up.

REFERENCES:

1. Dean of Graduate School: Name _____
Address _____

2. Current Hospital/Institution or Professional Director: Name _____
Address _____

3. Director(s) of Training Program: (a) Name _____
Address _____

(b) Name _____
Address _____

NAME _____

4. Personal Acquaintances:
(not to include
students currently in
training in this
Institute)

(a) Name _____

Address _____

(b) Name _____

Address _____

Has your professional license, hospital privileges, privileges for prescribing or dispensing controlled substance or professional liability insurance ever been suspended, revoked, cancelled, declined, voluntarily surrendered, or subject to probation in any state?

If yes, please explain _____

Do you have or have you ever been diagnosed with a problem with substance use?

Has any professional ethics body ever found you responsible for any infraction of an ethics code? _____

If yes, please explain _____

Have you ever been charged with or convicted of a crime, the disposition of which was other than acquittal or dismissal? _____

If yes, please explain _____

NAME _____

Are you interested in an advisor to help you in this process? Yes _____ No _____

The *Psychoanalytic Center of Philadelphia* does not discriminate on the basis of race, color, religion, gender, national or ethnic origin, political affiliation, sexual orientation, marital status, disability or age, in administration of its educational policies, admission policies, scholarship and loan programs.

PLEDGES AND RELEASES

(Please read carefully before signing)

I hereby make application to the Education Committee for admission to training in psychoanalysis in the *Psychoanalytic Center of Philadelphia*. I grant the *Psychoanalytic Center of Philadelphia* full permission to correspond with former teachers, deans, references and others in their discretion regarding my knowledge, training, experience, personality, character and problems.

I relieve the *Psychoanalytic Center of Philadelphia* of all blame and liability in all circumstances and in the event of the rejection of my application, interruption or discontinuance of training.

I pledge that I will neither conduct psychoanalytic treatment nor represent myself as a psychoanalyst until I have been authorized to do so by the faculty of an Institute recognized by the American Psychoanalytic Association.

SIGNATURE

DATE