

DATE _____

PSYCHOANALYTIC CENTER OF PHILADELPHIA

APPLICATION FOR TRAINING IN PSYCHOANALYSIS

PLEASE TYPE

NAME _____

OFFICE ADDRESS _____

OFFICE TELEPHONE _____ EMAIL _____

HOME ADDRESS _____

HOME TELEPHONE _____ EMAIL _____

DATE AND PLACE OF BIRTH _____

CITIZENSHIP _____

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

MARITAL STATUS _____ NUMBER OF CHILDREN _____

I. EDUCATION (include Undergraduate and Graduate):

School _____ Degree _____ From _____ To _____

School _____ Degree _____ From _____ To _____

School _____ Degree _____ From _____ To _____

School _____ Degree _____ From _____ To _____

Licensure (by what official body?)

II. Have you taken the Psychodynamic Psychotherapy Training Program with the *Psychoanalytic Center of Philadelphia*? If yes, skip to item III. If no, please provide the following information:

Pt. Sex	Age	Diagnosis	Freq.	Indicate if supervisor is psychoanalyst	Freq. of supervision	Duration	Dates
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III. CLINICAL EXPERIENCE WITH DYNAMIC PSYCHOTHERAPY:

Pt. Sex	Age	Diagnosis	Freq.	Type of Therapy	Name of Supervisor (theoretical orientation)	Freq. (super)	Duration	Institution	Dates
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IV. RELEVANT DIDACTIC COURSES (Please use separate sheet of paper):

<u>Name of Course</u>	<u>Institution</u>	<u>Instructor</u>	<u># of Hours</u>
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V. OTHER PROFESSIONAL EXPERIENCE: (As research, private practice, post-graduate courses, etc.)

Nature of Work

Position Held

Institution

Inclusive Dates

VI. PRESENT PROFESSIONAL ACTIVITIES:

VII. OTHER PERTINENT INFORMATION:

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.

Have you ever been in treatment? _____

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

Please give name of therapist.

Date started _____ Date completed _____ # of Hours _____

Certification (if applicable)

VIII. TEACHING APPOINTMENTS:

University

Title

Full or Part-Time

IX. MEMBERSHIP IN PROFESSIONAL ORGANIZATION OR OTHER SCIENTIFIC SOCIETY:

Society

Grade of Membership

X. REFERENCES:

1. Dean of Graduate/Professional School:

Name _____

Address _____

2. Current Hospital/Institution or Professional Director:

Name _____

Address _____

3. Supervisor(s) of Post-Graduate Training. If not applicable, supervisor from graduate training or post-graduate work:

Name _____

Address _____

Name _____

Address _____

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

Name _____

Address _____

Name _____

Address _____

XI. 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 _____

XII. 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.

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.

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