

DATE \_\_\_\_\_

# ***PSYCHOANALYTIC CENTER OF PHILADELPHIA***

## APPLICATION FOR TRAINING IN ADULT 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. \_\_\_\_\_

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Please give name of therapist.

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Date Started \_\_\_\_\_ Date Completed \_\_\_\_\_ Total # of Hours \_\_\_\_\_

Board Certification: (Give specialty and year)

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Staff Appointments:

Hospital/Institution

Title

Full or Part-Time

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Teaching Appointments:

University

Title

Full or Part-Time

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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