

**PSYCHOANALYTIC CENTER OF PHILADELPHIA**  
**PSYCHODYNAMIC PSYCHOTHERAPY TRAINING PROGRAM**  
**APPLICATION FOR TRAINING**

ADULT PROGRAM \_\_\_\_\_

CHILD PROGRAM \_\_\_\_\_

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:**

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CURRENT ACADEMIC AND HOSPITAL APPOINTMENTS and PROFESSIONAL SOCIETY MEMBERSHIPS:

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PROFESSIONAL LICENSE(S): \_\_\_\_\_

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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.)

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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: Rockland – East Fairmount Park, 3810 Mt. Pleasant Drive, Philadelphia, PA 19121  
Attention: Director, Psychodynamic Psychotherapy Training Program
6. We look forward to receiving your application.

*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.*