

APPLICATION FORM

Training Program in Psychoanalysis

Name _____

DOB _____

Home Address

Home Telephone

Office Address

Office Telephone

Email Address

Please place a check mark (✓) next to the address and phone number that you would like us to use to contact you.

Indicate to which program you intend to apply:

academic clinical part-time full-time

In addition to this application, please submit the following:

1. **Curriculum Vitae**
2. **Autobiographical Sketch (limited to three pages)**

Name _____

1. Do you have a current license by any state or national authority to practice your profession? yes no

If so, please enclose a copy.

2. Has your license to practice as designated above ever been revoked, suspended, or limited? yes no

If yes, please give details.

3. Have you ever been a defendant in any professional liability actions? yes no

If yes, please give details.

4. Current certification

a. **Physicians:** Are you Board certified in psychiatry?

yes no

If so, please enclose a copy.

b. **Psychologists:** Are you currently certified in clinical psychology by ABPP? yes no

If so, please enclose a copy.

c. **Social Workers:** Do you hold a current certificate of licensed independent clinical social worker issued by the Board of Social Workers? yes no

If so, please enclose a copy.

Name _____

References:

(at least two should be persons familiar with your clinical work – for clinical candidates only)

1. _____

2. _____

3. _____

The applicant will contact these references for letters.

I do _____ do not _____ waive the right to examine same.

Signature _____ Date _____

Please read and sign:

I HEREBY GIVE CONSENT TO THE PITTSBURGH PSYCHOANALYTIC CENTER TO MAKE INQUIRIES, WITH RESPECT TO MY APPLICATION, OF THE PERSONS LISTED AS REFERENCES. I WILL AUTHORIZE THESE PERSONS TO RESPOND TO SUCH INQUIRIES. AS WELL, I GIVE CONSENT THAT THE PITTSBURGH PSYCHOANALYTIC CENTER CAN RELEASE ALL OF THE INFORMATION THAT IS NECESSARY TO THE APPROPRIATE COMMITTEE OF THE AMERICAN PSYCHOANALYTIC ASSOCIATION.

Print _____

Signature _____ Date _____

Please enclose the \$300.00 application fee and return to:

Pittsburgh Psychoanalytic Center
401 Shady Avenue, Suite B-101
Pittsburgh, PA 15206