



401 Shady Avenue, Suite B-101, Pittsburgh, PA Phone: 412.661.4224 ▪ Fax: 412.661.2275 ▪ www.pghpsa.org

APPLICATION FORM

Training Program in Psychoanalysis

Applying As: Academic_____ Part-time_____ Clinical Candidate_____

Name _____

Home Address _____

ZIP _____

Home Telephone _____ CELL _____

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.*

**Please submit: Curriculum Vitae
Autobiographical Sketch (limited to three pages)
(3) Letters of reference mailed directly to PPC or emailed to:
administration@pghpsa.org with your name in the header.**

1. Do you have a current license by any state or national authority to practice your profession? _____ If so, please enclose a copy.

2. Has your license to practice as designated above ever been revoked, suspended, or limited? _____ If yes, please give details.

3. Have you ever been a defendant in any professional liability actions? _____ If so, please provide details.

4. Current certification

- a. Physicians: Are you Board certified in psychiatry? _____ If so, please enclose a copy.
- b. Psychologists: Are you currently certified in clinical psychology by ABPP? _____ 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? _____ If so, please enclose a copy.
- d. I am not currently licensed. Please clarify your intention in training:

References: (at least two should be persons familiar with your clinical work)

- 1. Name _____
Phone _____
- 2. Name _____
Phone _____
- 3. Name _____
Phone _____

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.

Signature Date

**Please enclose the \$300.00 application fee and return to:
Pittsburgh Psychoanalytic Center
401 Shady Avenue, Suite B-101
Pittsburgh, PA 15206**