

Application Form: James T. McLaughlin Training Program in Psychodynamic Psychotherapy

Please check the program to which you are applying: ___ Year One ___ Advanced Year

Name: _____

Business Address: _____

Business Phone: _____

Home Address: _____

Personal Phone: _____

Email Address: _____

*Please indicate your preferred mailing address and phone number above with a star **

Continuing Education Credits (if applicable):

____ Physician ____ Psychologist ____ Social Worker/Counselor ____ Not Licensed

Exception for non-licensed participants granted in special cases by class coordinator. Please share information on your status and circumstance.

Please include the following with your application:

- 1. Non-refundable application fee of \$100. (Checks may be made payable to the Pittsburgh Psychoanalytic Center.)**
- 2. Current curriculum vitae.**
- 3. Copy of license to practice in Pennsylvania if applicable.**
- 4. A letter of reference from persons familiar with your clinical work.**
- 5. A brief statement regarding your experience in providing psychotherapy services and the supervision or consultation you received.**

6. A brief statement as to your reasons for applying for The James T. McLaughlin Training Program in Psychodynamic Psychotherapy.

Please answer the following questions on this application.

1. Have you, within the last five years, been found guilty of an ethical violation in connection with your psychotherapy practice? If yes, please explain.
2. Have you, within the past five years, been sued for damages arising out of your psychotherapy practice? If yes, please explain.
3. Have you, within the last five years, been found guilty of a criminal violation of the law? If yes, please explain.

I understand and agree that the Pittsburgh Psychoanalytic Center may contact my references and any other persons or organizations necessary to confirm the information I have provided in the Application Form for The James T. McLaughlin Training Program in Psychodynamic Psychotherapy.

I also understand that this program is not being represented as training for practice in psychoanalysis, but as augmentation of existing theoretical knowledge and clinical skills in advanced psychodynamically-oriented psychotherapy, for which a certificate will be given upon completion of the requirements of the program. Therefore, upon completing the course requirements, I will not represent myself as being a psychoanalyst or a graduate of the Pittsburgh Psychoanalytic Center's Training Program in Psychoanalysis.

In addition, I understand and agree that consideration of this application by the Pittsburgh Psychoanalytic Center and my participation in the Program (including the awarding of a certificate) is at the sole discretion of the Center, and under no circumstances will the Center, its officers, trustees, faculty, employees or members be liable to me by reason of any action or inaction in relation thereto.

Signature _____ Date _____

Please return your completed application to:

Pittsburgh Psychoanalytic Center
401 Shady Ave., Suite B-101
Pittsburgh, PA 15206
administration@pghpsa.org