The Psychoanalytic Training Institute of the Contemporary Freudian Society

formerly The New York Freudian Society

ADULT PSYCHOANALYSIS PROGRAM
WASHINGTON DC
FORM A
ACADEMIC ASSOCIATE APPLICATION

Name:_____

Birth Date:_____ Age:_____ Marital Status:_____

Home Address:_____

City:_____ State:_____Zip Code:_____

Cell Phone:_____ Work Phone:_____

Email Address: _____

Have you ever applied to our institute in the past: ☐ Yes ☐ No If yes, when?

EDUCATION

Please have graduate, undergraduate and psychoanalytic studies transcripts sent to the address indicated on the following page.

Undergraduate College:_____

Year Graduated: _____ Major Field of Study:_____

Graduate Institution:_____

Degrees Awarded and Dates:_____

Major Field of Study: _____

Previous Psychoanalytic Studies, if any: _____

Institution: _____

Dates of Attendance: _____ Number of Courses Completed: _____

List of Courses and Instructors:_____

_____

_____

CERTIFICATION

Indicate States and Type:

_____

_____

PROFESSIONAL EXPERIENCE

If employed in the mental health field, give the name and location of the institution and a brief characterization of your work

_____

_____

If in private practice, please indicate its character and when you began it.

_____

_____

Describe any other work experience you may have had, whether in the general field of psychology or elsewhere.

_____

_____

Please attach a brief statement describing your professional goals as they now stand, and any other reasons you may have for studying psychoanalysis.

PROFESSIONAL REFERENCES

List two individuals (other than your current or past analyst) with their professional connections, who are in a position to comment on your suitability for psychoanalytic training. (Have the individuals send Form C to the address below.)

1. _____

2. _____

How did you learn about this program?

_____

Please attach a current curriculum vitae to this application.

Please send completed application via email to CFS.PTI.OFFICE@GMAIL.COM
Please forward $125 application fee via Payal to CFS.PTI.OFFICE@GMAIL.COM

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PROFESSIONAL REFERENCE

has given your name as a person cognizant of their professional activity.

(Name of Applicant)

PLEASE WRITE A BRIEF EVALUATION OF THE APPLICANT

Name:

Address:

City: State: Zip Code:

Name of Professional Affiliation:

Signature: Date:

Please email completed form to **CFS.PTI.OFFICE@GMAIL.COM**