The Psychoanalytic Training Institute of the Contemporary Freudian Society

DISTANCE TRAINING PROGRAM FOR INTERNATIONAL APPLICANTS - DC

FORM A

APPLICATION FOR TRAINING

Date: _____

Name: _____

Birthdate: _____ Age: _____ Marital status: _____

Home address: _____

City: _____ State: _____ Zip code: _____

Cell phone: _____ Work phone: _____

Email address: _____

Have you ever applied to the Psychoanalytic Training Institute of the Contemporary Freudian Society (or the New York Freudian Society)? ☐ yes ☐ no If yes, when? (indicate date) _____

EDUCATION

Have graduate, undergraduate and psychoanalytic studies transcripts sent to address indicated on following page.

Undergraduate college: _____

Year graduated: _____ Major field of study: _____

Graduate institution: _____

Degrees awarded and date of each: _____

Major field of study: _____

Previous psychoanalytic studies, if any: _____

Institution: _____

Dates of attendance: _____ Number of courses completed: _____

List 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.

PERSONAL PSYCHOANALYSIS

(If more than one analyst, please furnish the following data for each, and have analyst send Form B to the address below.) Name and address of analyst:

Dates intreatment: Sessions per week:

ADDITIONAL INFORMATION

Is there currently pending, in any jurisdiction, a complaint, investigation, or inquiry relating to your professional conduct, ethical conduct, or competency? Yes_____ No_____

If yes, please provide details:

Have you ever been convicted of or entered a plea of guilty or no contest to any crime other than a minor traffic offence in any jurisdiction? Yes_____ No_____

If yes, please provide details:

PROFESSIONAL REFERENCES

List three individuals (other than your current or past analyst) with their professional connections and addresses 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: _____

3: _____

How did you learn about this program? _____

Please attach a current curriculum vitae to this application, as well as a copy of your malpractice insurance.

Please send completed application via email to CFS.PTI.OFFICE@GMAIL.COM

Please send $125 application fee via Paypal to CFS.PTI.OFFICE@GMAIL.COM

Signature: _____ **Date:** _____

The Psychoanalytic Training Institute of the Contemporary Freudian Society

DISTANCE TRAINING PROGRAM FOR INTERNATIONAL APPLICANTS - DC
FORM B
PSYCHOANALYST INFORMATION

_____ has given your name as his/her personal psychoanalyst.
(name of applicant)

PLEASE COMPLETE THE FORM BELOW

Name and address of psychoanalyst: _____

_____

_____

Dates in treatment: _____ Sessions per week: _____

Psychoanalytic affiliation of analyst:

Name and address of training institute and date of graduation: _____

_____

_____

Courses taught and/or committees served on: _____

_____

_____

Training analyst status: _____

_____

_____

Membership: ☐ American Psychoanalytic Association ☐ IPA ☐ other national psychoanalytic associations (please specify)

_____

Signature of Analyst: _____ Date: _____

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

The Psychoanalytic Training Institute of the Contemporary Freudian Society

DISTANCE TRAINING PROGRAM FOR INTERNATIONAL APPLICANTS - DC
FORM C
PROFESSIONAL REFERENCE

_____ has given your name as person cognizant of his/her professional activity.
(name of applicant)

PLEASE WRITE A BRIEF EVALUATION OF THE APPLICANT

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Name (please print):_____ Date: _____

Address: _____

_____

Name and address of professional affiliation: _____

_____

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