

Application for *Psychoanalytic Psychotherapy Training*

Last Name		First Name		Middle In.	Suffix
Degree			Email Address		
<i>Select Preferred Mailing Address</i>					
Office Street Address		City	State	Zip	
Home Street Address		City	State	Zip	
Office Telephone	Office Mobile Phone	Home Telephone	Home Mobile Phone		
Date of Birth (MM/DD/YY)		Place of Birth			
Marital Status		Children (ages)			
Name of Nearest Responsible Relative		Relationship			
Street Address		City	State	Zip	
<i>References</i>					
Name three persons well acquainted with you and your professional work to whom we may write for references.					
Full Name		Address			
Full Name		Address			
Full Name		Address			
<i>Optional and Disclosures</i>					
<ol style="list-style-type: none"> You are invited to enclose a brief autobiography including a description of the development of your interest in psychoanalysis. Add any additional information which you feel would be helpful in evaluating your suitability for analytic training. Include any information you wish regarding personal supervision in conducting psychotherapy detailing the nature of the supervision or educational experience with the name(s) of supervisors or instructors and the dates and nature of the experience. <p>NOPBC does not discriminate on the basis of sex, race, sexual orientation, creed, religion or ethnic origin.</p> <p>The faculty of NOBPC will be notified of your application and requested to provide information which may assist the Selection Committee in assessing your suitability for psychoanalytic training. A minimum of one interview is required for admission. The interview may be conducted by tele-video for non-local applicants.</p>					

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<i>Undergraduate Education</i>		
College	Degree	Dates
Address		
College	Degree	Dates
Address		
<i>Graduate Education</i>		
Enclose a copy of your medical diploma or graduate school diploma and transcript.		
College	Degree	Dates
Address		
College	Degree	Dates
Address		
Describe Areas of Research (if applicable)		
<i>Post Graduate Education</i>		
Indicate the number of hours per week if not full time.		
Institution	Nature of Training	Dates
Address		
Institution	Nature of Training	Dates
Address		
<i>Board Certifications</i>		
Certifying Organization	Date	
Certifying Organization	Date	

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<i>Clinical Experience</i>		
Location	Activities	Dates
Location	Activities	Dates
<i>Academic Appointments</i>		
Position	Activities	Dates
Position	Activities	Dates
<i>Scientific Publications & Presentation</i>		
<i>Membership in Professional Societies & Organization</i>		
<i>Current Hospital, Clinical or Organizational Affiliations</i>		
<i>Significant Employment History (If not covered by the previous fields)</i>		

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<i>Personal Psychotherapy or Psychoanalysis</i>			
Therapist's or Analyst's Name		Dates	
Address			
Therapist's or Analyst's Name		Dates	
Address			
Therapist's or Analyst's Name		Dates	
Address			
<i>Previous Applications for Psychoanalytic Training</i>			
Institution	Disposition	Dates	
Institution	Disposition	Dates	
<i>Previous Psychoanalytic Training</i>			
Institution	Academic Years Completed	Dates	
Institution	Academic Years Completed	Dates	
<i>Medical Licenses or Certification in Your Professional Field</i>			
Enclose a copy of your current license to practice or other certification(s).			
Licensing or Certifying Body		Date	
Describe your experience conducting psychotherapy and/or psychoanalysis.			
<i>Professional Liability Insurance</i>			
Append a copy or proof of insurance to this application.			
Insurance Carrier	Expiration Date	Amount of Coverage	Policy Number

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<i>If the answer to any of the following is YES, give the full details on a separate page.</i>		
Has your license to practice in any jurisdiction ever been limited, suspended, revoked, denied or have you been subject to any administrative or disciplinary proceedings regarding your license to practice in any jurisdiction?	Yes	No
Have your privileges to practice in any hospital, clinic, or other facility ever been limited or restricted or subjected to required supervision?	Yes	No
Have any suits been filed against you or have any judgments or settlements been made in response to a complaint regarding professional liability?	Yes	No
Have any staff or clinic or other clinical privileges or memberships ever been refused, suspended, diminished, revoked, or subjected to administrative or clinical supervision, or have any privileges not been renewed at any academic institution, hospital, clinic., or other teaching or practice situation?	Yes	No
Have you ever been involved in a legal action or appeared before an Ethics Committee in relation to your professional work or license?	Yes	No
<p>Release of Personal Information</p> <p>I here by give permission to the New Orleans-Birmingham Psychoanalytic Center (NOBPC) to write the references, training program, supervisors, faculty, employers and others named in this application.</p>		
<p>Waiver Claims</p> <p>I understand that the decision as to whether I am qualified for acceptance to the Center's training program vests solely and exclusively in the Center, and that its decision is final. I agree to hold the Center, its directors, officers, members, representatives and agents free from any complaints or claims or demands for damage or otherwise by reason of any omission or commission that they, or any of them, may take in connection with this application, the interview and deliberative process or the decision by the Center for admission to its training program.</p>		
<p>Pledge</p> <p>If accepted, I agree to abide by the rules and decisions of the Education Committee and pledge myself neither to conduct independent psychoanalytic treatment nor to represent myself as a practitioner of psychoanalysis until I am authorized to do so by the Education Committee of an Accredited Center or Society of the American Psychoanalytic Association.</p>		
<i>Attach a recent photograph here.</i>	Printed Name	
	Signature	
	Date	
	<i>*Include the \$125 application fee with this form.</i>	