

PSYCHOANALYTIC PSYCHOTHERAPY TRAINING PROGRAM

First Year Application Form – Tuition \$2000.00 (divided payments)

The program consists of two ninety minute seminars one evening a week. Class size will be limited.

(Please type or print)

Date _____

Name _____ Degree _____

Address _____

Phone (office) _____ Phone (home) _____

Marital Status _____ Age _____ D.O.B _____ S.S.N. _____

Sex M F Citizenship _____ Birthplace _____

List chronologically your: (1) College (2) Graduate/Professional School (3) Clinical Internship/Field Placement (4) Residency/Fellowship/Post-doctoral Training

Name of Institution:	Dates Attended	Degree	Year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Academic/Professional honors/awards _____

License: Field/Number/States _____

Board Certification _____ Year _____

Malpractice Insurance Carrier _____ Coverage Amount _____

List any teaching, research, and publications you have done: (Use an extra page if needed)

Describe briefly your experience as a psychotherapist (number of years, full-time vs. part time, types of patients and therapies, post-training supervision)

Other educational/professional activities_____

Professional memberships_____

Any previous psychodynamic training?_____

Describe the origin of your interest in psychoanalytic psychotherapy_____

What do you hope to achieve by taking this course? _____

Have you had any psychoanalytic _____ or psychotherapeutic _____ treatment? Y N
Give dates, frequency, duration, and names of psychoanalysts/psychotherapists:

Is there any additional information that would be relevant to your interest in psychoanalytic
psychotherapy training? _____

Have you ever voluntarily surrendered your professional license?	Y	N
Has your license ever been revoked or suspended?	Y	N
Have your professional privileges ever been restricted?	Y	N
Have you ever been involved in malpractice litigation?	Y	N

(If the answer to any of the above questions is yes, please attach a separate sheet with details.)

Ethical Disclaimer: I hereby certify that to my knowledge there have never been any professional ethical charges against me. *(If so, amplify on a separate sheet if necessary.)*

Signature: _____ **Date:** _____

I hereby certify that this information is true and accurate to the best of my knowledge.

Signature _____ **Date:** _____

Return this completed application with a check for \$25 *non-refundable* application fee payable to the Psychoanalytic Psychotherapy Training Program to: Psychoanalytic Psychotherapy Training Program, c/o Dr. Salley S. Jessee, Suite D-201, 5064 Roswell Rd., Atlanta, GA. 30342.