

Application for Psychoanalytic Training Chicago Center for Psychoanalysis

Date of application _____

Name _____

Home address _____

Telephone _____ Fax _____ Email _____

Office address _____

Telephone _____ Fax _____ Email _____

Date of birth _____ **Sex** _____ **Marital status** _____

Social Security # _____

Please submit a copy of your Curriculum Vitae. If the following information is included in your CV, you need not duplicate it below.

Current Professional Status _____

Training: Include names of institutions, degrees, dates _____

Please request that transcripts be sent directly to CCP from the highest degree-granting institution and from other relevant institutes in which you have previously been enrolled.

Clinical Experience: Describe all internships, externships, residencies, and post-doctoral training.

License(s): State _____ Year _____

Teaching, Consulting, Supervisory experience: _____

Research experience: _____

Publications, Presentations: _____

Other professional experience: _____

Account of personal psychoanalytic psychotherapy: Include dates, number of sessions per week, approximate number of hours, and the name and affiliation of the therapist.

Account of personal analysis: Include a statement of the duration of the analytic treatment to date, including the frequency of sessions per week; name, address, degree, orientation and training of analyst. *Note: It is the policy of CCP to contact the applicant's personal analyst only to verify the information provided. CCP holds firmly to the policy that the applicant's personal analyst is not to be involved in any way in the enrollment process. If the personal analyst is not a graduate of a recognized training institution the CCP Board reserves the right to evaluate the analyst's qualifications to determine whether he/she meets CCP's requirements. Participation in analysis must be documented by the time of enrollment in the first class.*

References: List names, titles, and current addresses of three individuals who have recent knowledge of your performance as a psychotherapist and can attest to your ethical standards, judgment, clinical acumen, commitment to further education, and ability to benefit from supervision. CCP will contact these individuals directly.

Ethics: Please describe any ethical infractions and their repercussions.

Please include the following with this application:

1. A biographical statement, including a personal history and a statement of your motivations for deciding to become a psychoanalyst.
2. Your Curriculum Vitae.
3. A copy of your state license.
4. A copy of the cover page of your malpractice insurance and, if relevant, a detailed statement of claims made.
5. A non-refundable fee of \$100.

Mail your completed application and registration fee of \$100 to:
Chicago Center for Psychoanalysis
PO Box 268017
Chicago, IL 60626

and Email your application to Toula Kalven, Director of Administration,
<tkalven@ccpsa.org>