

Cleveland Psychoanalytic Center
2460 Fairmount Blvd. #312
Cleveland Heights, OH 44106

Tel: 216-229-5959

www.psychoanalysiscleveland.org

Fax: 216-229-7321

APPLICATION FOR PSYCHOANALYST TRAINING PROGRAM

Please attach your Curriculum Vitae to the application

Adult Program _____ CORST _____

Child / Adolescent Program _____

Combined Adult & Child / Adolescent Program _____

PLEASE TYPE OR PRINT

Date of Application: _____

PERSONAL INFORMATION

Name / Degree: _____

Address (Check preferred mailing address)

___ Office: _____ Telephone: _____

_____ Fax: _____

_____ E-mail: _____

___ Home: _____ Telephone: _____

_____ Cell: _____

___ Other: _____ Telephone: _____

_____ Fax: _____

Occupation / Present Position: _____

Date of Birth (optional): _____ Place of Birth: _____ Citizenship: _____

If non-citizen, what is your present status and future plans regarding permanent residency & citizenship? _____

Marital Status (optional): _____ Number / Ages of Children: _____

Other Dependents (optional): _____

ACADEMIC & PROFESSIONAL TRAINING

College / University: _____

Degree(s) & Date(s): _____

Medical School and/or Graduate School: _____
(Please enclose transcript of medical or graduate school)

Degree(s) & Date(s): _____

Internships & Date (s): _____

Non-psychiatric Residencies (for MDs): _____

Psychiatric Residencies: _____

Postdoctoral Fellowships: _____

Pre-doctoral Mental Health Experience: _____

Postgraduate Doctoral Education: _____

Other Graduate Training / Experience: _____

Other Diplomas or Certificates held: _____

Other Professional Work: _____

Research /Teaching Experience: _____

LICENSE(S) & CERTIFICATION(S)

License Type (Profession): _____
(Please enclose a copy)

State/ Year Licensed: _____

Certification/ Certifying Organization/ Year: _____

If you do not have your license when do you expect to obtain it? _____

PROFESSIONAL ACTIVITIES

Please list all Professional Activities not documented above: _____
(Please attach a separate sheet if necessary)

Professional Publications: _____
(Please attach a separate sheet if necessary)

Memberships in Professional & Other Scientific Societies: _____

PROFESSIONAL CLINICAL EXPERIENCE

Write a description of your recent and current caseload. A paragraph on each current case is suggested, including diagnostic, treatment and supervisory information, plus a descriptive overview of your clinical work of the past few years.

CASE REPORT

Write a detailed report of one current or recent case demonstrating your assessment and work with this case.

PROFESSIONAL WORK OVERVIEW IF CORST APPLICANT

Write a description of your recent and current work, research projects and special interests. Describe in detail any work in progress that will further the development or application of psychoanalysis. How do you believe psychoanalytic training may enhance your professional work?

CLINICAL TRAINING FOR CORST APPLICANTS

Are you interested in pursuing clinical psychoanalytic training?
Have you had any clinical experience?

AUTOBIOGRAPHY

Write an autobiography in which you emphasize your professional development and the development of your interest in psychoanalysis.

Have you experienced any significant medical conditions *(optional)*?

Are you now / have you ever been in psychoanalysis? ____ Yes ____ No

If yes, give treatment dates and approximate number of hours.

Have you applied to other Institutes or Centers? If yes, give dates and if accepted or rejected.

REFERENCES

List 3 people, who are familiar with your background and professional work and experience, who the Cleveland Psychoanalytic Center could contact, for information regarding your suitability for psychoanalytic training. At least 2 should be clinical supervisors.

Address references: Chair of Admissions Subcommittee,
 Cleveland Psychoanalytic Center,
 2460 Fairmount Blvd. #312,
 Cleveland Heights, OH 44106

(Please be as specific as possible with addresses)

1. Name (and relationship): _____

Address: _____

Telephone: _____ Fax: _____

E-mail: _____

2. Name (and relationship): _____

Address: _____

Telephone: _____ Fax: _____

E-mail: _____

3. Name (and relationship): _____

Address: _____

Telephone: _____ Fax: _____

E-mail: _____

ETHICS AND PROCEDURES

Have you ever been charged with a criminal offense, ethics violation or a civil complaint of a professional nature? _____ Yes _____ No

Has your license ever been suspended, revoked or limited? _____ Yes _____ No

Have your professional privileges ever been limited or denied, or have you been censured by a professional organization? _____ Yes _____ No

Do you have or have you ever been diagnosed with a problem with substance abuse? _____ Yes _____ No

If the answer to any of the above questions is yes, please attach an explanation.

AS PART OF THIS APPLICATION, SUBMISSION OF THE FOLLOWING IS REQUIRED

1. Copy of Curriculum Vitae or Scientific Resume
2. Transcript of Medical School or Graduate Education
3. Copy of License to Practice by the Appropriate Statutory Body
4. Copy of Malpractice Insurance Coverage Page (if accepted)
5. Personal Autobiography
6. Professional Clinical / Work Overview
7. Case Report, if a Clinician
8. Other Details, as necessary
9. Application Fee of _____

The Admissions Subcommittee of the Education Committee will evaluate letters of recommendation, evidence of past performance and personal interviews by faculty members; however, the final responsibility for accepting applicants rests with the Education Committee upon the recommendation of the Admissions Subcommittee. Applications are processed on a rolling basis throughout the year. For further details, please see the current Bulletin of the Cleveland Psychoanalytic Center.

I hereby authorize any School, Hospital, Psychoanalytic Institute or other reference given by me to release to the Cleveland Psychoanalytic Center information relevant to my application for training as a Psychoanalyst at the Center.

Date: _____ Signature: _____