

Name: _____ Date: _____

Work Address: _____ Daytime Phone: _____

Home Address: _____ Evening Phone: _____

Degree: _____ Date Conferred: _____ E-mail: _____

License #: _____ License Type: _____ Expires: _____ Fax: _____

Current Primary Professional Position: _____

I. Checklist of documentation to include with your application:

- 1) Curriculum Vitae
- 2) Copy of your current mental health license
- 3) Proof of liability insurance coverage
- 4) Statement of Interest:

Please include an essay of 3-4 pages explaining why you have decided to apply for psychoanalytic training. Include those aspects of your experience you think will help us evaluate your application. You may use some or all of the following questions to organize your essay. These are included as suggestions only:

- a) What do you see as your strengths as a therapist; as a potential analyst? What do you see as your shortcomings?
- b) What experience in the last several years of your professional life has had a lasting impact on you?
- c) Has there been some experience in your personal life that has affected your thinking about psychotherapy or the way you work?
- d) In what ways do you think your work as a therapist has changed during the course of your career? What do you think have been the major influences bringing about the changes?

II. Has your license ever been revoked or suspended?

Yes No *(If yes, please attach a separate page clarifying.)*

III. Have you ever been involved in a professional malpractice suit?

Yes No *(If yes, please attach a separate page clarifying.)*

(Please continue application on other side)

IV. References

Please ask three individuals (supervisors, colleagues or others) who are familiar with your clinical work, other than your analyst/therapist, to submit a letter on your behalf discussing in detail whatever they consider relevant to your plans for psychoanalytic training. The Admissions Committee may contact these individuals for additional information about your work.

Please list the individuals you have asked to submit letters on your behalf:

1) Name: _____ Work Phone: _____

Address: _____

Position: _____

2) Name: _____ Work Phone: _____

Address: _____

Position: _____

3) Name: _____ Work Phone: _____

Address: _____

Position: _____

Please send 4 copies of your application materials along with the \$120 application fee (payable to the Psychoanalytic Institute of Northern California) to:

Maureen Franey, Ph.D., MFT, Chair, Admissions Committee

714 Cerrito St. Albany, Ca. 94706.

Letters of recommendation can be sent electronically to: maureenfraney@sbcglobal.net

If you have questions call Dr. Franey at (510) 527-6141.

Please note: Your application is not considered complete until we receive four copies of your materials and your reference letters.

After we review your written application and letters of reference, you will be contacted by a member of the Admissions Committee who will inform you as to whether you will be offered interviews. If you proceed with the interviews there is a \$100 interview fee.

NOTICE OF NONDISCRIMINATORY POLICY FOR CANDIDATES

The Psychoanalytic Institute of Northern California admits candidates of any race, color, age, sexual orientation, or national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to candidates at the Institute. PINC does not discriminate on the basis of race, color, age, sexual orientation, or national and ethnic origin in admissions, in its educational policies or other Institute-administered programs.