



## NORTHWESTERN PSYCHOANALYTIC SOCIETY AND INSTITUTE

## Training Program in Psychoanalysis

## **Application Form**

To be admitted as a candidate in psychoanalytic training, the applicant must have a Master's or Doctoral degree in a mental health-related field, hold a valid license in a mental health-related field, and show an aptitude for in depth psychological work. Interested individuals from other academic disciplines will be considered for participation in the program on a non-clinical basis.

It is the policy of the Northwestern Psychoanalytic Society and Institute to select qualified individuals without discrimination on the grounds of political affiliation, religion, marital status, color, gender, national origin, non-disqualifying physical handicap, sexual orientation, or age. In addition, NPSI has a zero tolerance policy for sexual harassment. However, it is understood that applicants accepted to NPSI will be fluent in the English language, written and spoken. Attempts will be made to accommodate the needs of students with hearing, visual, and/or physical handicaps.

Name	Birthdate				
Home Address					
Home Phone ( )					
Work Address					
Work Phone ( )	Fax <u>(</u> )				
Email					
Social Security Number					
Which is your preferred contact number? Circ	le one: Home Cell Work				
Professional Training					
Professional degree and field					
Granting Institution					
Please enclose a photocopy of your diploma, State of Washington license, and face sheet for your professional liability insurance.					
Please enclose your curriculum vitae, include experience.	ling training and professional				
Prior courses in theory and/or technique (e.g., psychoanalysis or psychoanalytic therapy)					
Year Course Instru	ctor Institution				
2)					
3)					
4)					
(Attach additional information sheets if necess	ary)				

**Identifying Information (please print)** 

Prior Psychoanalytic or Psychodynamic Individual and/or Group Supervision:

Date Range	Supervisor	Institution	
1)			
2)			
3)			
4)			
(Attach additional i	information sheets if r	ecessary)	

Personal Psychoanalysis or Psychotherapy.

Completing this section is optional out of respect for privacy. This information is requested to assist in evaluating professional background and personal psychoanalysis requirements. However, this information could be discussed in an individual interview, on a confidential basis, or omitted altogether. Also, you may complete the following and omit the name(s) of current or prior therapists.

Date Range	Therapist		
1)			
2)			
3)			

## **Additional Information**

- 1. Have three supervisors or colleagues (unrelated to you) who are familiar with your clinical work and character write a letter of recommendation to the Director of Training and mail to NPSI; c/o Admissions; 2800 First Avenue, Suite 303; Seattle, WA 98121.
- 2. Tell us in three to four pages why you are interested in entering this training program and why at this institute. Please make reference to significant life experiences including clinical experiences, which have affected this decision.
- 3. Describe your current practice profile; that is, the number of patients you are currently treating (no patient names), frequency of sessions, date of beginning treatment, and diagnosis.
- 4. Please submit two 5-10 page summary reports (1 male and 1 female) from your recent clinical work. Each report should include a brief history, course of treatment, your understanding of the psychodynamics, and some vignettes that illustrate your way of working with this patient. Ongoing cases are fine.
- 5. Please attach a check made out to "NPSI" for the application fee of \$100. This fee is non-refundable.

Have you ever been	found guilty	of an ethical v	iolation in the	field of me	ntal hea	lth?
Yes	No					
Have you ever been	arrested?	Yes	No			
How did you learn al	bout NPSI?					
Are you available to	begin trainin	ng in Septembe	r of the curren	it year?	Yes	No
Applicant Signature			Date S	Signed		
Send completed appl	lication with	check made ou	it to "NPSI" to	<b>)</b> :		
	Northweste	ern Psychoanal	ytic Society a	nd Institute		
	2800 First	Ave, Suite 303				
	Seattle, WA					
Contact:		<b>si.us.com</b> if yo admissions.	u have question	ons about th	ne applic	ation