

NORTHWESTERN PSYCHOANALYTIC SOCIETY

TRAINING PROGRAM IN PSYCHOANALYSIS

APPLICATION FORM

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

The program does not discriminate on the basis of age, race, color, national or ethnic origin and sexual orientation in its administration or educational policies. However, it is understood that applicants accepted to NPS will be fluent in the English language, written and spoken. Attempts will be made to accommodate the needs of program students with hearing, visual, and/or physical handicaps.

Identifying Information

Name _____ Birthdate _____

Home Address _____

Home Phone _____ Cell Phone _____

Work Address _____

Work Phone _____ Fax _____

Email address _____

Social Security Number _____

Where is the best place to contact you? Please circle. Work or Home

Professional Training

Professional degree and field: _____

Granting Institution: _____

Please enclose a photocopy of your diploma and state license/registration/certification. Please enclose Curriculum Vitae, with training and professional experience.

Prior courses in theory and/or technique (e.g., psychoanalysis or psychoanalytic therapy)

	<u>Year</u>	<u>Course</u>	<u>Instructor</u>	<u>Institution</u>
1)				
2)				
3)				
4)				

(Attach additional information sheets if necessary)

Prior Psychoanalytic or Psychodynamic Individual and/or Group Supervision:

	<u>Year</u>	<u>Supervisor</u>	<u>Institution</u>
1)			
2)			
3)			
4)			

(Attach additional information sheets if necessary)

Personal psychoanalysis/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.

	<u>Years</u>	<u>Therapist</u>
1)		
2)		
3)		
4)		

Additional Information

1. Have three supervisors or colleagues (who are not relatives of yours) who are familiar with your clinical work and character write and send a letter of recommendation to the program.
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. Please describe your current practice profile, i.e., patient's you are currently seeing (no patient names), frequency of sessions, date of beginning of treatment, and diagnosis.
4. Please submit 5-10 pages of 2 case write-ups (1 female and 1 male) including 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 for the application fee of \$100. (Non-refundable)

Have you ever been found guilty of an ethical violation in the field of mental health?
Yes No

Have you ever been arrested? Yes No

How did you learn about us?

How soon would you like to start training?

Applicant Signature

Date Signed

Contacts: Rikki Ricard, PsyA-FIPA, Admission Chair, (206) 725-6921x1
David Rasmussen, PsyD, Director of Training, (425) 337-7133

Please send completed Application to: Rikki Ricard, PsyA-FIPA
1711 12th Avenue
Seattle, WA 98122