

# 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.

<b>Identifying Information</b>
--------------------------------

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

<b>Professional Training</b>
------------------------------

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.

Years \_\_\_\_\_ Therapist

- 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)
- 6. Please send the completed application to David Rasmussen, Psy.D:

Mill Creek Professional Center 16030 Bothell-Everett Hwy Ste 295 Mill Creek, WA 98012

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: Maxine Anderson, M.D., Faculty Chair, (206) 956-4446  
David Rasmussen, Psy.D. Admissions Chair, (425) 337-7133

Please send completed Application and recommendation letters to:

David Rasmussen, Psy.D.  
16030 Bothell-Everett Hwy. #295  
Mill Creek, WA 98012