



Mail Form  
Email Form  
Include Attachments  
P Pay \$100 Fee

## The Psychoanalytic Psychotherapy Certificate Program Application

Date of Application:

Name:

Home Address:

City

State

Zip

Telephone:

Fax

Email:

Office Address:

City

State

Zip

Office Telephone:

Office Fax

Office Email:

Please submit a copy of our Curriculum Vitae. If the following information is included in your CV, you need not duplicate it below.

Current Professional Status

Training: (Include names of institutions, degrees, dates)



- Mail Form
- Email Form
- Include Attachments
- Pay \$100 Fee

Please request that transcripts be sent directly to CCP from the highest degree-granting institution and from other relevant institutes in which you have previously been enrolled.

Clinical Experience: (Describe all internships, externships, residencies, and post-doctoral training.

License(s):	State	Year
	State	Year
	State	Year

Teaching, Consulting, Supervisory Experience:

Research Experience:

Publications, Presentations:

Other Professional Experience:

References: List names, titles, and current addresses of two individuals who have recent knowledge of your performance as a psychotherapist and can attest to your ethical standards, judgment, clinical acumen, commitment to further education, and ability to benefit from supervision. CCP will contact these individuals directly:

Reference 1:

Name:

Title:



CHICAGO CENTER FOR  
**PSYCHOANALYSIS**  
& PSYCHOTHERAPY

- Mail Form
- Email Form
- Include Attachments
- Pay \$100 Fee

Current Address:

City

State

Zip

Reference 2:

Name:

Title:

Current Address:

City

State

Zip

Ethics: (Please describe any ethical infractions and their repercussions)

**\*\*\* Please see next page to see what to include with this application:**



- Mail Form
- Email Form
- Include Attachments
- Pay \$100 Fee

**Clinical Track:**

1. A brief biographical statement, including a personal history and a description of your clinical work.
2. Your Curriculum Vitae.
3. A copy of your state license (if applicable).
4. A copy of the cover page of your malpractice insurance and, if relevant, a detailed statement of claims made (if applicable).
5. If you are applying for a work study position, please include a financial statement including your resources, expenses, and estimate of the amount of financial aid you anticipate requiring.

**Academic Track:**

1. A brief biographical statement, including personal history and a statement of your interest in psychotherapy theory.
2. Your Curriculum Vitae.
3. If you are applying for a work study position, please include a financial statement including your resources, expenses, and estimate of the amount of financial aid you anticipate requiring.

Mail your completed application and registration fee of \$100 to:

**Chicago Center for Psychoanalysis  
PO Box 268017  
Chicago, IL. 60626**

And email your application to: [psychotherapyprogram@ccpsa.org](mailto:psychotherapyprogram@ccpsa.org)