



<input type="checkbox"/> Mail Form
<input type="checkbox"/> Email Form
<input type="checkbox"/> Include Attachments
<input type="checkbox"/> 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:

Date of Birth: Gender: Marital Status:

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)



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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

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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:**



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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 6095
Evanston, IL. 60204-6095**

And email your application to: psychotherapyprogram@ccpsa.org