

NAME _____ DATE _____

**PSYCHOANALYTIC TRAINING
APPLICATION FOR ADMISSION**

TO

THE BOSTON PSYCHOANALYTIC INSTITUTE

15 COMMONWEALTH AVENUE, BOSTON, MASSACHUSETTS 02116

TELEPHONE: 617.266.0953 FAX: 617.266.3466

EMAIL: office@bostonpsychoanalytic.org

WEBSITE: bostonpsychoanalytic.org

TO RECEIVE A COPY OF THIS APPLICATION AS A WORD DOCUMENT, PLEASE CONTACT
THE BPSI ADMINSTRATIVE OFFICE AT office@bostonpsychoanalytic.org or 617.266.0953

DATE RECEIVED _____

FEE RECEIVED _____ BY _____

APPROVED BY _____

NAME IN FULL _____

ADDRESS: (Please Check Preferred Mailing Address)

Office: _____

_____ **Telephone Number:** _____

Fax: _____ **Email:** _____

Home: _____

_____ **Telephone Number:** _____

Fax: _____ **Email:** _____

COLLEGE ATTENDED, DEGREE OBTAINED, FIELD OF STUDY AND DATE OF GRADUATION.

LIST PRIMARY (AND SECONDARY, IF APPLICABLE) GRADUATE DEGREE(S), INSTITUTION(S), FIELD(S) OF STUDY, AND DATE(S) OF GRADUATION.

INTERNSHIPS: LIST INTERNSHIPS AND OTHER CLINICAL TRAINING THAT WERE PART OF YOUR GRADUATE STUDIES.

POST-INTERNSHIP TRAINING: (Psychiatry Residency; Postdoctoral Fellowships or other advanced training programs)

2.

PLEASE GIVE THE NAMES, ADDRESSES, AND TELEPHONE NUMBERS OF THREE SUPERVISORS OR CLINICAL COLLEAGUES WHO KNOW YOUR WORK WELL, WHOM WE MAY ASK TO WRITE LETTERS OF REFERENCE FOR YOU.

PLEASE ATTACH THE FOLLOWING:

1) Curriculum Vitae

2) Detailed description of current psychotherapy caseload. Please specify diagnoses, frequency of visits, length of treatment, and beginning dates. Include a sentence or two about the work you are doing with each patient

3) List of publications and writings, with copies, if applicable.

OTHER PROFESSIONAL INTERESTS AND ACTIVITIES (e.g. teaching, community work, etc.).

LICENSE NUMBER: _____ STATE: _____ DATES: _____

MALPRACTICE INSURANCE (REQUIRED): INDICATE CURRENT COVERAGE

CITIZENSHIP: _____ If non-US citizen, what is your present status and future plans regarding permanent residence and citizenship?

HAVE YOU EVER UNDERTAKEN PERSONAL PSYCHOTHERAPY OR PSYCHOANALYSIS?

3.

PERSONAL STATEMENT: Please tell us about yourself and your professional and intellectual goals. You might include, for example, any or all of the following: some description of your family of origin; education and professional development; important experiences or relationships; your personal experience of psychotherapy or psychoanalysis; and your reasons for pursuing psychoanalytic training. Feel free, however, to write about whatever you think would be useful for interviewers to know. (Suggested length 5-8 pages, 1500 words.)

THIS APPLICATION SHOULD BE RETURNED WITH THE NON-REFUNDABLE APPLICATION FEE OF \$145.

I hereby authorize the Education Committee of the Boston Psychoanalytic Society and Institute (BPSI) to write to any of the above-named referees for information about my qualifications and hereby release the Education Committee of BPSI, its officials, employees and agents from any and all liability in connection with the acquisition and use of such information.

DATE: _____ SIGNED _____

The Boston Psychoanalytic Society and Institute, Inc., 15 Commonwealth Avenue, Boston, Massachusetts, 02116, does not discriminate on the basis of race, creed, color, sex, age, sexual orientation, national origin or handicap in admissions, administration of its educational programs, scholarship and loan programs or employment.

**ATTACHMENT 1 BOSTON PSYCHOANALYTIC SOCIETY AND INSTITUTE
Application for Psychoanalytic Training**

Questions refer only to the past two (2) years only.

Circle either yes or no (Not N/A) to each question. Provide details on a separate page for all YES answers. Please answer all questions.

- | | | |
|---|------------|-----------|
| 1. <u>CLAIMS MADE</u> : Has any malpractice claim been made against you that has not yet been finally settled or adjudicated, whether or not a lawsuit was filed in relation to the claim? | YES | NO |
| 2. <u>CLAIMS RESOLVED</u> : Has any malpractice claim that has been made against you been settled, adjudicated, or otherwise resolved, whether or not a lawsuit was filed in relation to the claim? | YES | NO |
| 3. Has any lawsuit, other than a malpractice suit, which is related to your competency to practice, or your professional conduct in the practice of your discipline, been filed against you or been settled, adjudicated or otherwise resolved? | YES | NO |
| 4. Have you been convicted of any criminal offense, other than a minor traffic violation? | YES | NO |
| 5. Have you been charged with or disciplined for any violation of laws, rules, by-laws, standards of practice or ethics of any governmental authority, health care facility, group practice or professional society or association? | YES | NO |
| 6. Has your privilege to possess, dispense or prescribe controlled substances been suspended, revoked, denied, restricted by, or surrendered to any state or federal agency? | YES | NO |
| 7. Have you withdrawn an application for a professional license or been denied a professional license for any reason? | YES | NO |
| 8. Has any professional liability insurance provider restricted, limited, terminated, imposed a surcharge or co-payment, or placed any condition related to professional competency or conduct on your coverage or have you voluntarily restricted, limited or terminated your insurance coverage in response to an inquiry by a professional liability insurance provider? | YES | NO |

Signature: _____

Date: _____

1/28/2010

THE BOSTON PSYCHOANALYTIC SOCIETY AND INSTITUTE, INC.

15 Commonwealth Avenue, Boston , Massachusetts 02116
617.266.0953 Fax: 617.266.3466 email: office@bostonpsychoanalytic.org

Date _____

To: The Boston Psychoanalytic Society and Institute
15 Commonwealth Avenue, Boston, MA 02116

Re: Waiver of Right to Examine Letters of Reference

I hereby waive my right to examine letters of reference, recommendations, comment or opinion from any of my references, supervisors, or other sources named in my application to you.

(Signed) _____

(Address) _____
