

THE BOSTON PSYCHOANALYTIC SOCIETY AND INSTITUTE, INC.

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APPLICATION FOR ADMISSION

to the

**ADVANCED TRAINING PROGRAM IN
CHILD AND ADOLESCENT
PSYCHOTHERAPY**

Name: _____

Application Deadline: May 15

Name in Full _____
(last) (first) (middle)

Address: (indicate preferred mailing address) _____

Office: _____
_____ Telephone _____

Email Address _____

Home: _____
_____ Telephone _____

Academic Degrees (college, graduate school, dates of graduation)

Clinical Training (in psychiatry, psychology, social work, counseling, psychiatric nursing, include full names and addresses of supervisors; give dates. Please specify child and adolescent training. Attach separate sheet if necessary).

Current Employment (include full names and addresses of supervisors; give dates)

Place of work, nature and description of position: _____

Current number of patients seen by you in child and adolescent psychotherapy: _____

Types of patients seen: _____

Other Professional Interests and Activities (e.g. research, teaching, community work)
(include publications and reprints if possible)

Professional Licensure (State and Date) _____

Specialty Board Certification (Date) _____

Malpractice Insurance - Required - Indicate Current Coverage _____

