

THE BOSTON PSYCHOANALYTIC SOCIETY AND INSTITUTE, INC.
15 Commonwealth Avenue, Boston, MA 02116

APPLICATION FOR ADMISSION
to the

BPSI TRAINING PROGRAMS IN PSYCHOANALYTIC PSYCHOTHERAPY:

**THE ONE-YEAR FELLOWSHIP PROGRAM
IN PSYCHOANALYTIC PSYCHOTHERAPY**

and

**THE ADVANCED TRAINING PROGRAM
IN PSYCHOANALYTIC PSYCHOTHERAPY**

APPLICATION DEADLINE: May 15

NAME: _____

Please indicate the program for which you wish to apply:

One -Year Fellowship Program _____

Advanced Training Program (ATP) _____

APPLICANTS TO BOTH PROGRAMS SHOULD COMPLETE PAGE ONE

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

Address: *(indicate preferred mailing address)*

Office: _____
_____ Telephone: _____

Email: _____

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 supervisor; give dates)*

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 psychotherapy **(IF APPLICABLE)**: _____

Type of patients seen: _____

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

**APPLICANTS TO THE FELLOWSHIP IN PSYCHOANALYTIC PSYCHOTHERAPY,
PLEASE COMPLETE PAGE 2
APPLICANTS TO THE ADVANCED TRAINING PROGRAM IN PSYCHOANALYTIC
PSYCHOTHERAPY, PLEASE ADVANCE TO PAGE 3**

**TO BE COMPLETED ONLY BY APPLICANTS TO
THE ADVANCED TRAINING PROGRAM IN PSYCHOANALYTIC PSYCHOTHERAPY**

Professional Licensure (State and Date): _____

Specialty Board Certification (Date): _____

Malpractice Insurance - Required - Indicate Current Coverage: _____

Citizenship: _____

If non citizen, what is your present status and what are your future plans regarding permanent residence and citizenship?

What psychiatric and psychological treatment have you had? (give names, addresses, type and dates)

Professional References (Applicant is responsible for requesting his or her references send letters to this office. Do not use your current or past psychotherapists as professional reference. For applicants applying directly from the Fellowship in Psychoanalytic Psychotherapy additional letters need not be submitted.)

1. _____
(name) (address)

2. _____
(name) (address)

3. _____
(name) (address)

Reason for Seeking Further Training: _____

Please return this form with a non-refundable application fee of \$25.00, and a current Curriculum Vitae.

I hereby authorize the Extension Division of the Boston Psychoanalytic Society and Institute, Inc. to write to any of the above-named in the application (excluding for therapists) for information about my qualifications, and hereby release BPSI, its officials, employees, and agents from any and all liability in connection with the acquisition and use of said information.

Signed

Date

The Boston Psychoanalytic Society and Institute, Inc. (BPSI) does not discriminate on the basis of race, creed, color, sex, age, national origin, handicap, or sexual preference in admissions, administration of its education programs, scholarship and loan programs, and employment.