



CLEVELAND  
PSYCHOANALYTIC CENTER

**Cleveland Psychoanalytic Center**  
2460 Fairmount Blvd. #312  
Cleveland Heights, OH 44106

Tel: 216-229-5959

[www.psychoanalysiscleveland.org](http://www.psychoanalysiscleveland.org)

Fax: 216-229-7321

**APPLICATION FOR PSYCHOANALYST TRAINING PROGRAM**

*Please attach your Curriculum Vitae to the application*

Adult Program \_\_\_\_\_ CORST \_\_\_\_\_

Child / Adolescent Program \_\_\_\_\_

Combined Adult & Child / Adolescent Program \_\_\_\_\_

**PLEASE TYPE OR PRINT**

Date of Application: \_\_\_\_\_

**PERSONAL INFORMATION**

**ACADEMIC & PROFESSIONAL TRAINING**

College / University: \_\_\_\_\_

Degree(s) & Date(s): \_\_\_\_\_

Medical School and/or Graduate School: \_\_\_\_\_  
*(Please enclose transcript of medical or graduate school)*

Degree(s) & Date(s): \_\_\_\_\_

Internships & Date (s): \_\_\_\_\_

Non-psychiatric Residencies (for MDs): \_\_\_\_\_

Psychiatric Residencies: \_\_\_\_\_

Postdoctoral Fellowships: \_\_\_\_\_

Pre-doctoral Mental Health Experience: \_\_\_\_\_

Postgraduate Doctoral Education: \_\_\_\_\_

Other Graduate Training / Experience: \_\_\_\_\_

\_\_\_\_\_

Other Diplomas or Certificates held: \_\_\_\_\_

Other Professional Work: \_\_\_\_\_

Research /Teaching Experience: \_\_\_\_\_

\_\_\_\_\_

**LICENSE(S) & CERTIFICATION(S)**

License Type (Profession): \_\_\_\_\_  
*(Please enclose a copy)*

State/ Year Licensed: \_\_\_\_\_

Certification/ Certifying Organization/ Year: \_\_\_\_\_

If you do not have your license when do you expect to obtain it? \_\_\_\_\_

**PROFESSIONAL ACTIVITIES**

Please list all Professional Activities not documented above: \_\_\_\_\_  
*(Please attach a separate sheet if necessary)*

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Professional Publications: \_\_\_\_\_  
*(Please attach a separate sheet if necessary)*

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Memberships in Professional & Other Scientific Societies: \_\_\_\_\_

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**PROFESSIONAL CLINICAL EXPERIENCE**

Write a description of your recent and current caseload. A paragraph on each current case is suggested, including diagnostic, treatment and supervisory information, plus a descriptive overview of your clinical work of the past few years.

**CASE REPORT**

Write a detailed report of one current or recent case demonstrating your assessment and work with this case.

**PROFESSIONAL WORK OVERVIEW IF CORST APPLICANT**

Write a description of your recent and current work, research projects and special interests. Describe in detail any work in progress that will further the development or application of psychoanalysis. How do you believe psychoanalytic training may enhance your professional work?

**CLINICAL TRAINING FOR CORST APPLICANTS**

Are you interested in pursuing clinical psychoanalytic training?  
Have you had any clinical experience?

**AUTOBIOGRAPHY**

Write an autobiography in which you emphasize your professional development and the development of your interest in psychoanalysis.

Have you experienced any significant medical conditions *(optional)*?

Are you now / have you ever been in psychoanalysis? \_\_\_\_ Yes \_\_\_\_ No

If yes, give treatment dates and approximate number of hours.

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Have you applied to other Institutes or Centers? If yes, give dates and if accepted or rejected.

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**REFERENCES**

CPC Psychoanalyst Application for Training

List 3 people, who are familiar with your background and professional work and experience, who the Cleveland Psychoanalytic Center could contact, for information regarding your suitability for psychoanalytic training. At least 2 should be clinical supervisors.

Address references:            Chair of Admissions Subcommittee,  
   Cleveland Psychoanalytic Center,  
   2460 Fairmount Blvd. #312,  
   Cleveland Heights, OH 44106

*(Please be as specific as possible with addresses)*

1. Name (and relationship): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

2. Name (and relationship): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

3. Name (and relationship): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**ETHICS AND PROCEDURES**

CPC Psychoanalyst Application for Training

Have you ever been charged with a criminal offense, ethics violation or a civil complaint of a professional nature? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has your license ever been suspended, revoked or limited? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have your professional privileges ever been limited or denied, or have you been censured by a professional organization? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have or have you ever been diagnosed with a problem with substance abuse? \_\_\_\_\_ Yes \_\_\_\_\_ No

If the answer to any of the above questions is yes, please attach an explanation.

**AS PART OF THIS APPLICATION, SUBMISSION OF THE FOLLOWING IS REQUIRED**

1. Copy of Curriculum Vitae or Scientific Resume
2. Transcript of Medical School or Graduate Education
3. Copy of License to Practice by the Appropriate Statutory Body
4. Copy of Malpractice Insurance Coverage Page (if accepted)
5. Personal Autobiography
6. Professional Clinical / Work Overview
7. Case Report, if a Clinician
8. Other Details, as necessary
9. Application Fee of \_\_\_\_\_

The Admissions Subcommittee of the Education Committee will evaluate letters of recommendation, evidence of past performance and personal interviews by faculty members; however, the final responsibility for accepting applicants rests with the Education Committee upon the recommendation of the Admissions Subcommittee. Applications are processed on a rolling basis throughout the year. For further details, please see the current Bulletin of the Cleveland Psychoanalytic Center.

I hereby authorize any School, Hospital, Psychoanalytic Institute or other reference given by me to release to the Cleveland Psychoanalytic Center information relevant to my application for training as a Psychoanalyst at the Center.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_