



The Cleveland Psychoanalytic Center
2460 Fairmount Boulevard, Suite 312, Cleveland Heights, OH 44106
Telephone: 216-229-5959 Fax: 216-229-7321
www.psychoanalysiscleveland.org

Application for Training Programs

Please return this application to Deborah Morse, Administrative Coordinator, at The Cleveland Psychoanalytic Center.

I am applying for:

- The Adult Psychoanalyst Training Program
- Combined Adult and Child/Adolescent Program
- Early Admission to the Adult Psychoanalyst Training Program
- The Psychoanalytic Thought and Therapy Program

- Check here if CORST applicant
- Check here if Academic/Research Track

* For child and adolescent training, please use the form designated by the Cleveland Child and Adolescent Psychoanalytic Training Program

PLEASE TYPE OR PRINT

PERSONAL INFORMATION

Name: _____

Address (Check preferred mailing address)

___ Office: _____ Telephone: _____

_____ Fax: _____

_____ E-mail: _____

___ Home: _____ Telephone: _____

_____ Cell: _____

Highest Degree Obtained: _____

Occupation/Present Position: _____

AUTOBIOGRAPHY

Write an autobiography in which you emphasize your professional development and the development of your interest in psychoanalytic thought and treatment.

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.

Are you now/have you ever been in a personal psychotherapeutic treatment other than psychoanalysis (e.g. psychoanalytically-oriented psychotherapy, group therapy, marital counseling, etc.)? ____ Yes ____ No

If yes, specify the type of therapy, treatment dates and approximate number of hours.

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

ACADEMIC & PROFESSIONAL TRAINING

Undergraduate Education

(Please enclose undergraduate transcript if this is your highest degree)

Name of College/University: _____

Degree(s) & Date(s): _____

Postgraduate Education

(Please enclose transcript of medical or graduate school)

Name of University: _____

Degree(s) & Date(s): _____

Name of University: _____

Degree(s) & Date(s): _____

Internships and Residencies, including program names and dates (for M.D.s): _____

Postdoctoral Fellowships: _____

Other Graduate Training/Experience: _____

Other Diplomas or Certificates held: _____

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 and will need one, when do you expect to obtain it? _____

PROFESSIONAL ACTIVITIES

Please list all professional activities including teaching and research experience: _____
(Please attach a separate sheet if necessary)

Professional Publications: _____
(Please attach a separate sheet if necessary)

Memberships in Professional & Other Societies: _____

PROFESSIONAL CLINICAL EXPERIENCE

(Skip this section if you are not yet involved in clinical practice)

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. If you are not yet involved in clinical practice, you may instead write a detailed report of one current or recent experience demonstrating your assessment, thinking and actions, if any, in this particular moment/situation.

PROFESSIONAL WORK OVERVIEW FOR CORST APPLICANTS ONLY

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 ONLY

Are you interested in pursuing clinical psychoanalytic training? _____

Have you had any clinical experience? _____

REFERENCES

Please list three individuals whom *you* will request to send us letters of recommendation regarding your suitability to enter the program to which you are applying. These individuals should be familiar with your background and your professional work and experience. At least two of them should be clinical supervisors if you are involved in clinical work.

Letters should be sent to: Chair of Admissions Subcommittee, Cleveland Psychoanalytic Center, 2460 Fairmount Blvd. #312, Cleveland Heights, OH 44106

1. Name (and relationship): _____

Telephone: _____ E-mail: _____

2. Name (and relationship): _____

Telephone: _____ E-mail: _____

3. Name (and relationship): _____

Telephone: _____ E-mail: _____

ETHICS AND PROFESSIONAL STANDING

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

Have you been involved in a malpractice suit or have you had an adverse judgment or settlement in a malpractice suit in the past five years? _____ Yes _____ No

Do you have or have you ever been diagnosed with any physical or mental condition, including neurological, pulmonary, cardiac or addictive disorders, that could interfere with your cognition or judgment or otherwise limit your performance as a clinician. _____ Yes _____ No

If the answer to any of the above questions is yes, please attach an explanation. A positive answer to one of these questions will not automatically preclude acceptance, but will necessitate further inquiry and deliberation by the Admissions Subcommittee.

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

1. Copy of Curriculum Vitae or Resume
2. Applicable Transcripts (see Section on Academic and Professional Training)
3. Copy of License to Practice by the Appropriate Statutory Body (If applicable)
4. Copy of Malpractice Insurance Coverage Page (If applicable)
5. Personal Autobiography
6. Professional Clinical/Work Overview (If applicable)
7. Case Report
8. Other Details, as necessary
9. Application Fee

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 at the Center.

Date: _____ Signature: _____