



**PSYCHOANALYTIC PSYCHOTHERAPY PROGRAM APPLICATION  
YEAR 2018-2019**

**Please submit application by August 1, 2018**

**(Please Print)**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
**(home)**

\_\_\_\_\_

**Address:** \_\_\_\_\_  
**(work)**

\_\_\_\_\_

\_\_\_\_\_

**Phone #'s:**

**Home:** \_\_\_\_\_ **Work:** \_\_\_\_\_

**Cell:** \_\_\_\_\_ **Other:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**License:** \_\_\_\_\_

**Current Professional Status:** \_\_\_\_\_

**We highly recommend clinical supervision during the PPP coursework**

**Are you currently in supervision?** \_\_\_\_\_

**If not, would you like us to connect you with a supervisor?** \_\_\_\_\_



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The PPP welcomes applications from licensed psychotherapists, including social workers, psychiatrists, psychiatric nurses, mental health counselors, psychologists, and other related professions such education, law and medicine.

Please provide CURRENT CV and copy of CURRENT LICENSE.

Students must carry adequate **professional liability insurance** if supervision is provided by a member of the Cleveland Psychoanalytic Center.

Please write a brief statement conveying your interest in the Psychoanalytic Psychotherapy Program and your ideas about how you might integrate your knowledge into your professional work.



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We require 2 letters of reference (at least one professional)

Please send letters to:

Cleveland Psychoanalytic Center  
Attn: PPP Coordinator  
2460 Fairmount Blvd., Suite 312  
Cleveland Hts., OH 44106-3164

Please list 2 references:

1) \_\_\_\_\_

2) \_\_\_\_\_