



**PSYCHOANALYTIC PSYCHOTHERAPY PROGRAM APPLICATION
YEAR 2019-2020**

Please submit application by August 1, 2019

(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) _____