



**PSYCHOANALYTIC PSYCHOTHERAPY PROGRAM APPLICATION
YEAR 2020-2021**

Please submit application by August 1, 2020

(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 as 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) _____