

New Orleans-Birmingham Psychoanalytic Center  
3624 Coliseum Street  
New Orleans, Louisiana 70115  
Telephone: (504) 899-5815

**APPLICATION FOR ADULT PSYCHOANALYTIC TRAINING**

Name in Full: \_\_\_\_\_ Degree

Address: (Check preferred mailing address)

Office: \_\_\_\_\_  
\_\_\_\_\_

Office Telephone: \_\_\_\_\_

Home: \_\_\_\_\_  
\_\_\_\_\_

Home Telephone: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Place of Birth: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Children (ages): \_\_\_\_\_

Nearest Responsible Relative: \_\_\_\_\_ Relationship

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

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

*Use additional pages as needed to expand on any part of this application.*

**UNDERGRADUATE EDUCATION**

College                      Address                      Date                      Degree

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**GRADUATE EDUCATION**

College                      Address                      Date                      Degree

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Enclose a copy of your medical diploma or graduate school diploma and transcript.

Describe areas of research, if applicable, on a separate page.

**POST GRADUATE EDUCATION**

Institution                      Address                      Dates                      Nature of Training

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Indicate the number of hours per week if not full time.

**BOARD CERTIFICATIONS**

Certifying Organization                      Date

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**CURRENT HOSPITAL, CLINICAL OR ORGANIZATIONAL AFFILIATIONS**

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Continue on a separate page if needed.

**SIGNIFICANT EMPLOYMENT HISTORY**  
*(IF NOT COVERED BY THE ABOVE QUESTIONS)*

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Continue on a separate page if needed.

**PERSONAL PSYCHOTHERAPY OR PSYCHOANALYSIS**

Therapist's or Analyst's Name & Address	Dates
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**PREVIOUS APPLICATIONS FOR PSYCHOANALYTIC TRAINING**

Institute	Date	Disposition
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**PREVIOUS PSYCHOANALYTIC TRAINING**

Institute                      Academic Years Completed                      Dates

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**MEDICAL LICENSES OR CERTIFICATION IN  
YOUR PROFESSIONAL FIELD**

*Enclose a copy of your current license to practice or other certification(s)*

Licensing or Certifying Body                      Date

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*Describe your experience conducting psychotherapy and/or psychoanalysis on a separate page.*

**PROFESSIONAL LIABILITY INSURANCE**

*Append a copy or proof of insurance to this application*

Insurance carrier: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Expiration date: \_\_\_\_\_ Amount of coverage: \_\_\_\_\_

*If the answer to any of the following questions is YES, give the full details on a separate page.*

Has your license to practice in any jurisdiction ever been limited, suspended, revoked, denied or have you been subject to any administrative or disciplinary proceedings regarding your license to practice in any jurisdiction? \_\_\_\_ Yes \_\_\_\_ No

Have your privileges to practice in any hospital, clinic, or other facility ever been limited or restricted or subjected to required supervision? \_\_\_\_ Yes \_\_\_\_ No

Have any suits been filed against you or have any judgments or settlements been made in response to a complaint regarding professional liability? \_\_\_\_ Yes \_\_\_\_ No

Have any staff or clinic or other clinical privileges or memberships ever been refused, suspended, diminished, revoked, or subjected to administrative or clinical supervision, or have any privileges not been renewed at any academic institution, hospital, clinic., or other teaching or practice situation? \_\_\_\_ Yes \_\_\_\_ No

Have you ever been involved in a legal action or appeared before an Ethics Committee in relation to your professional work or license? \_\_\_\_\_ Yes \_\_\_\_\_ No

### **REFERENCES**

Names and addresses of three persons well acquainted with you and with your professional work to whom we may write for references.

Name

Address

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### **OPTIONAL**

1. You are invited to enclose a brief autobiography including a description of the development of your interest in psychoanalysis.
2. Add any additional information which you feel would be helpful in evaluating your suitability for analytic training.
3. Include any information you wish regarding personal supervision in conducting psychotherapy detailing the nature of the supervision or educational experience with the name(s) of supervisors or instructors and the dates and nature of the experience.  
The New Orleans-Birmingham Psychoanalytic Center does not discriminate on the basis of sex, race, sexual orientation, creed, religion or ethnic origin.

As part of our application procedure, the Center requests three letters of reference from individuals chosen by the applicant. The faculty of the New Orleans-Birmingham Psychoanalytic Center will be notified of your application and requested to provide information which may assist the Selection Committee in assessing your suitability for psychoanalytic training.

**RELEASE OF PERSONAL INFORMATION**

I hereby give permission to the New Orleans-Birmingham Psychoanalytic Center to write to the references, training program, supervisors, faculty, employers and others named in this application.

**WAIVER OF CLAIMS**

I understand that the decision as to whether I am qualified for acceptance to the Center's training program vests solely and exclusively in the Center, and that its decision is final. I agree to hold the Center, its directors, officers, members, representatives and agents free from any complaints or claims or demands for damage or otherwise by reason of any omission or commission that they, or any of them, may take in connection with this application, the interview and deliberative process or the decision by the Institute for admission to its training program.

**PLEDGE**

If accepted, I agree to abide by the rules and decisions of the Education Committee and pledge myself neither to conduct independent psychoanalytic treatment nor to represent myself as a practitioner of psychoanalysis until I am authorized to do so by the Education Committee of an Accredited Center or Society of the American Psychoanalytic Association.

*Attach a recent photograph here*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Include the \$100 fee with application form.*