

STUDIES IN PSYCHOANALYTIC PSYCHOTHERAPY

Application form

Please use additional pages if needed to complete your answers.

SECTION I - APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Office Address		Apartment/Unit #	
City	State	ZIP	
Home Address		Apartment/Unit #	
City	State	ZIP	
Office phone	Home phone		

SECTION II – EDUCATION AND TRAINING		
Undergraduate school		
location	date of graduation	degree
Graduate or medical school		
location	date of graduation	degree
Residency program		
location	date of graduation	degree
Fellowship program		
location	date of graduation	degree
Post-doctoral training		
location	date of graduation	degree
Present licensure and certification (please include a copy of each)		
Malpractice insurance (please include a copy)		

SECTION III – PROFESSIONAL ACTIVITIES FOLLOWING TRAINING
#1 List past and present activities of a clinical, research or teaching nature:
#2 In what classes, seminars and further educational experiences have you participated:
#3 Describe your experiences of supervision, with whom and when:

SECTION IV – LETTERS OF REFERENCE

For acceptance into the Program, it is necessary for us to receive two letters of reference from persons familiar with your training or practice. They may be addressed to the New Orleans-Birmingham Psychoanalytic Center.

SECTION V – PERSONAL INTERVIEW

A personal interview is required as a part of the application. This is arranged after the application form has been received. Please mail the preceding application page with the nonrefundable application fee of \$125 to:

The New Orleans-Birmingham Psychoanalytic Center
3624 Coliseum Street
New Orleans, Louisiana 70115

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. If this application leads to acceptance in the program, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date