



Seattle Psychoanalytic Society & Institute

Victoria Jenkins, Administrator
4020 E. Madison St. #203, Seattle, WA 98112
206/328-5315 - FAX: 206-328-5879
Email: info@SPSI.org
Website: www.spsi.org

**APPLICATION FOR
CERTIFICATE IN ADVANCED PSYCHOTHERAPY PROGRAM**

Applications by April 2010 appreciated.

Please submit this application accompanied by:

1. Transcripts or certificate from the institution granting the highest degree in your field.
2. Non-refundable Application Fee: \$50.00

Date: _____

Name: _____

Office Address: _____

City/St./Zip: _____

Office Phone: _____

Email address: _____

Home Address: _____

City/St./Zip: _____

Home Phone: _____

Cell Phone: _____

1. Academic and Professional Training
 - a. College/University (undergrad), degrees and dates:

 - b. Post -graduate Institutions, degrees and dates:

2. Internships: _____

3. Residencies: _____

4. Other Experience/Other Training Programs: _____

5. Private Practice: _____

6. Teaching Experience: _____

7. State License: _____
Designation/Number: _____
8. Malpractice Insurance Company: _____
Insurance Amount: _____
9. Professional Society Memberships: _____

10. Professional Boards/Certifications: _____

11. Publications: (Separate sheet if indicated) _____

12. References: (Please list names of 3 people from whom you have requested letters of reference. At least one of the three should be either a current or past supervisor.) _____

13. Previous psychotherapy/psychoanalysis: (dates) _____

14. Please write a short statement. We are interested in what draws you to the program. We would like to know more about you – your internal and external world, how you came to want to apply for more training, your joys and challenges. Possibilities for discussion might include an experience which has guided you, a description of a moment with a person with whom you are working, a psychotherapy or other experience that has influenced your professional development. We would like to know a little about how you see yourself in a learning community and your relationships with others in a learning group. We are trying to learn more about you as a person and as a professional. We see the application process a dialogue between you and us which is educational in focus.

15. Please indicate which of the tracks you are interested in applying for:

1. Courses alone _____
2. Courses and supervision _____
3. Courses, supervision, and paper _____
4. Academic and paper _____

I hereby release the information provided in this application to the Seattle Psychoanalytic Society and Institute.

I hereby certify that the information provided in this application is true, complete and accurate to the best of my knowledge.

Applicant's Signature

Date