



# TRAINING INSTITUTE

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# APPLICATION

# FOR

# ADMISSION

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Any questions or problems concerning this school which have not been satisfactorily answered or resolved by the school should be directed to the Council for Private Postsecondary and Vocational Education, Sacramento, California 95814.

**The Psychoanalytic Center of California**

11110 Ohio Avenue, Suite 106  
Los Angeles, California 90025

Phone: (310) 478-4347 Fax: (310) 996-0237

E-mail: [psychentr.pcc@verizon.net](mailto:psychentr.pcc@verizon.net)

Website: [www.psycc.org](http://www.psycc.org)

**APPLICATION FOR ADMISSION**  
**To The Psychoanalytic Center of California Training Institute**

**PART I**

(Please print or type)

Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Social Security # \_\_\_\_\_ Calif. ID or Driver's License # \_\_\_\_\_

**ADDRESS:**

Home \_\_\_\_\_  
Street Unit #

\_\_\_\_\_ City and State Zip

AFFIX  
RECENT

Office \_\_\_\_\_  
Street Suite #

PHOTO  
HERE

\_\_\_\_\_ City and State Zip

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

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

E-mail Address \_\_\_\_\_

Fax \_\_\_\_\_

**LICENSE:**

Are you Licensed to practice? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, where \_\_\_\_\_

Type/License \_\_\_\_\_ Year of License \_\_\_\_\_ California License # \_\_\_\_\_

**PERSONAL DATA:**

Age \_\_\_\_\_ Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ # of Children \_\_\_\_\_

**OPTIONAL:**

Asian \_\_\_\_\_ Black \_\_\_\_\_ Hispanic \_\_\_\_\_ Latin \_\_\_\_\_ Native American \_\_\_\_\_ White \_\_\_\_\_ Other (please specify): \_\_\_\_\_

**EMERGENCY CONTACT PERSON:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

**PERSONAL PSYCHOANALYSIS:**

Are you now or have you been in analysis? Yes \_\_\_\_\_ No \_\_\_\_\_ Where \_\_\_\_\_

Name of Analyst \_\_\_\_\_

Date Began \_\_\_\_\_ Date Ended \_\_\_\_\_ Hours/Week \_\_\_\_\_ Total Hours \_\_\_\_\_

**PART II**

**RELEVANT HEALTH HISTORY:**

Are you disabled? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, do you have special needs with respect to your disability?

Please list medical conditions for which you have been, or are currently being treated: (Use a separate sheet of paper if needed.)

**PART III -- Curriculum Vitae**

**EDUCATIONAL BACKGROUND:**

Official Transcripts of your post-baccalaureate training must be forwarded to:

**Admissions Committee  
The Psychoanalytic Center of California  
11110 Ohio Avenue, Suite 106  
Los Angeles, CA 90025.**

Please list all collegiate, graduate and professional education (use additional sheets of paper if needed):

**OCCUPATIONAL EXPERIENCE:**

List experience of the past five years, indicating percentage of time employed (use additional sheets of paper if needed):

**OTHER PROFESSIONAL ACTIVITIES:**

List all active memberships, research projects, publications, etc.

## **PART IV**

### **PERSONAL STATEMENT:**

Please attach a personal statement. (Approximately five typewritten, double-spaced pages.)

### **INSTRUCTIONS**

The personal essay is an opportunity for you to convey to the Admissions Committee a view of the person who may become a fellow psychoanalyst. We do not wish to impose set parameters for the style you might use, but we encourage you to be autobiographical in your approach. Please include a description of your early family life, specific relational issues from this period that have influenced your development and character, and subsequent meaningful relationships up to the current time. Continue your essay by addressing the following series of questions:

#### **WHY PSYCHOANALYSIS?**

What has led you to your interest in psychoanalysis? Include specific experiences, relationships, and even struggles in your clinical work that have influenced your decision to pursue psychoanalytic training. What do you hope to gain from training, both personally and professionally? How do you hope training will change your work?

#### **WHY NOW?**

What brings you to pursue training at this particular time? Why do you believe this is the right time to begin? What difficulties and challenges do you anticipate? In what ways will you handle and address these challenges; what are the personal qualities which equip you to do so? Describe the current context of your life and how you feel training will fit into it.

#### **WHY PCC?**

What are the specific reasons you choose to apply to PCC? Why do you believe training at PCC is right for you?

#### **ADDITIONAL COMMENTS**

If you wish to provide further elaboration of elements of your history, professional or personal, or of your application, please incorporate these into your personal statement.

Have you ever had a license or certificate revoked? Yes\_\_\_\_\_ No\_\_\_\_\_

Have you ever been dismissed or suspended from any school? Yes\_\_\_\_\_ No\_\_\_\_\_

Have you ever been convicted of a felony? Yes\_\_\_\_\_ No\_\_\_\_\_

If you answered "yes" to any of the above, give details concerning those events on a separate sheet of paper.

**PART V**

**REFERENCES:**

Please give three references who will be forwarding letters of recommendation to the Admissions Committee:

1.) Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

2.) Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

3.) Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

**PART VI**

**APPLICATION, RELEASE AND CONDUCT**

A. I hereby make application for admission to the Training Institute of the Psychoanalytic Center of California. I grant the Admissions Committee full permission to correspond with former teachers, deans, and references regarding my knowledge, training, experience, and personality. To the best of my knowledge, the information I have provided in this APPLICATION FOR ADMISSION TO THE PSYCHOANALYTIC TRAINING INSTITUTE is true and complete.

B. I release the Psychoanalytic Center of California Institute and Society from all blame and liability in all circumstances including rejection of my application, and/or discontinuance of my training after it has commenced. It is understood that suitability and aptitude for psychoanalytic training cannot be fully determined during the Admissions process, and will be reassessed at regular intervals throughout the training program.

C. If accepted and enrolled as a Candidate in the Psychoanalytic Center of California Training Institute, I pledge to not represent myself as a practitioner of psychoanalysis until I am authorized to do so by the Education Committee of the Psychoanalytic Center. Annually, I will provide the PCC Administrative office with proof of my professional liability insurance coverage, and a current copy of the mental health license under which I practice. I do further understand that unethical or unprofessional conduct such as cheating, plagiarism, misrepresentation, or assault - either physical, verbal or sexual - constitutes cause for dismissal.

## DISCLOSURE

D. I understand that the Certificate curricula of the Psychoanalytic Center of California Institute consist of four years of classes taken consecutively on a trimester system, two classes per 12-week trimester. Over the period of four years, Candidates complete at least 576 class hours or 48 trimester units. If working toward the Certificate in Child Psychoanalysis, Candidates take an additional 20 units. If working toward the Ph.D. in Psychoanalysis, an additional two units per trimester, beginning in the fifth year, or upon formation of a Dissertation Committee, and continuing until the dissertation is completed, are required. I have been provided the *Catalog* of the Psychoanalytic Center of California Institute, wherein are included descriptions of the Certificate and Ph.D. programs, curricula, and fees.

E. I understand that student and other administrative files are maintained, and that administrative activities take place, at the PCC Administrative Office located at 11110 Ohio Avenue, Suite 106, Los Angeles, CA 90025; but that classes are conducted in the private offices of PCC faculty (an address/work telephone roster of faculty has been made available to me). I also understand that the Psychoanalytic Center of California is obligated to acquaint me with the PCC Administrative Facilities, and to make a representative instructor's office available for viewing, if requested by me, prior to my final acceptance of a place in the training program

F. I understand that the APPLICATION FOR ADMISSION TO THE PSYCHOANALYTIC TRAINING INSTITUTE becomes legally binding after the application has been considered and approved by the Admissions and Education Committees of the PCC and I have received written notice of same, and after I have confirmed/finalized in writing, under separate cover addressed to the PCC Administrative Office, my acceptance of a place in the training program, and after I have attended the first session of instruction. I understand that the Psychoanalytic Center of California retains the right to determine the number of persons necessary to constitute a matriculating class. In the event that a matriculating class is not constituted, no tuition, registration or dues will be retained by the Institute.

My signature below indicates that I have read, understood, and agreed to the terms contained in application items A through C – APPLICATION, RELEASE AND CONDUCT – and Application Items D through F – DISCLOSURE.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

## PART VII

### REGISTRATION, TUITION AND FEES

Application Fee (non-refundable)	\$ 100.00
Registration (one time only at beginning of program)	100.00
Late Registration Fee	35.00
Tuition per Course (2 units) per Trimester	400.00
Repetition of Final Exam (non-refundable)	150.00
Clinical Affiliate Dues (annual)	35.00
NCP Library Fee (annual)	50.00
Ph.D. Fees per Trimester	See Catalog
<i>Leave of Absence (annual)</i>	300.00

**\*Training Analysis (See Below)**

**\*Supervision (See Below)**

All fees are subject to change

Enrollment in two courses per trimester during the Seminar years (Candidate years I through IV) is required unless other arrangements have been made, in writing, with the Candidate Progression Committee. Tuition and Registration fees are paid each trimester for Candidate years I through graduation, and payment must be made prior to beginning classes.

Ph.D. Candidates pay \$1200 beginning in the 5<sup>th</sup> year, or upon formation of a Dissertation Committee.

All Candidates pay yearly Clinical Affiliate Membership Dues of \$35 and an annual Library Usage Fee, \$45, -both of which are billed in the fall. Reading materials are not provided by the Institute, and are the responsibility of the Candidate.

Each trimester, a SCHEDULE OF COURSES and REGISTRATION FORM are mailed to all Candidates approximately four weeks prior to the first day of classes. Completed registration forms and appropriate fees are due in the PCC Administrative Office by the date stated on the REGISTRATION FORM, or a \$35 late fee is assessed.

**\* Fees and method of payment for Candidates' Training Analyses, and Supervision sessions (minimum of 200 hours over three control cases), are negotiated between the Candidate and Training Analyst/Supervisor(s). Fees for Training Analysis, and Supervision sessions can be expected to range from \$100 to \$150 per session/hour.**

My signature below indicates that I have read, understood and agreed to the terms contained in REGISTRATION, TUITION AND FEES, this page.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**PART VIII**

**CANCELLATION AND REFUND POLICY**

BUYER'S RIGHT TO CANCEL - Effective January 1, 1990

A Candidate who wishes to cancel enrollment and receive a refund may address his or her request, in the form of a certified letter, to the Administrative Director of the Psychoanalytic Center of California, 11110 Ohio Avenue, Suite 106, Los Angeles, CA 90025. The Candidate's letter should include dates of all instruction sessions attended, date of last instruction session attended, and refund amount requested, in keeping with the following refund formula. The Institute shall pay or credit refunds of tuition, dues or other refundable fees within a reasonable amount of time, not to exceed 30 days following the date upon which the student's withdrawal is determined.

# OF CLASS HOURS ATTENDED	AMOUNT OF REFUND
0 Class Hours	100%
12 Class Hours	75%
24 Class Hours	50%
29 Class Hours	--0--

No refunds will be given after completion of 60%, or 29 class hours, of a trimester.

My signature below certifies that I have read, understood and agreed to my rights and responsibilities, and that the Institute's CANCELLATION AND REFUND POLICY has been clearly explained to me.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

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I certify that the Psychoanalytic Center of California has met all disclosure requirements of ARTICLE 1.5, SECTION 94312 of the COUNCIL FOR PRIVATE POSTSECONDARY AND VOCATIONAL EDUCATION REFORM ACT OF 1989.

SIGNATURE OF DEAN OF THE INSTITUTE \_\_\_\_\_ DATE \_\_\_\_\_