



The Psychoanalytic Center of California
11500 w. Olympic Boulevard, Suite 445
Los Angeles, CA 90064

Phone: (310) 478-4347 ● Fax: (310) 996-0237 ● E-Mail: psychcntr.pcc@verizon.net

Thank you for your interest in the Psychoanalytic Center of California (PCC) Training Institute. Attached, please find an application for our *Psychoanalytic Psychotherapy Program (PPP)* that you have requested. We welcome your application and your questions.

If you wish to apply for the certificate in psychoanalytic psychotherapy, please provide the following:

1. Completed *Application for Admission* form
2. A Statement of Interest
3. Copy of your current Malpractice Insurance
4. Copy of your current professional license
5. Two (2) letters of reference
6. Application fee of \$50.00 – payable to PCC.

The above materials should be mailed to:

PPP Committee
The Psychoanalytic Center of California
11500 W. Olympic Boulevard, Suite 445
Los Angeles, CA 90064

Completed application must be received **by August 15th** of this year in order to be considered for fall matriculation. If you have any further questions about the Institute or the admissions process, please feel free to contact me directly at (310) 855-1251.

Sincerely,

Andrea Kahn, Ph.D.
Chair, Psychoanalytic Psychotherapy Program

Enclosures

**PSYCHOANALYTIC CENTER OF CALIFORNIA
PSYCHOANALYTIC PSYCHOTHERAPY PROGRAM
APPLICATION FOR ADMISSION**

Deadline for Application: August 15th

Please submit this application along with a non-refundable \$50 application fee

PART I - General Information

(Please print or type)

Date _____

Name _____
Last First Middle

Social Security # _____ California ID or Driver's License # _____

ADDRESS:

Home: _____
Street Suite # City and State Zip

Office _____
Street Suite # City and State Zip

PHONE:

Home: _____ Office: _____ Fax: _____ E-mail _____

LICENSE:

Are you licensed to practice? Yes _____ No _____ If yes, where _____

Type/License _____ Year of License _____ California License # _____
(Please attach copy of current license.)

MALPRACTICE INSURANCE: Company _____ Policy No. _____
(Please attach copy of policy currently in force.)

PERSONAL DATA:

Date of Birth: _____ Place of Birth _____ Citizenship _____

Male _____ Female _____ Married _____ Single _____ Divorced _____ Widowed _____ # of Children _____

OPTIONAL:

Asian _____ Black _____ Hispanic _____ Latin _____ Native American _____ White _____ Other _____ (Specify)

EMERGENCY CONTACT PERSON:

Name _____ Relationship _____

Address _____ Phone _____

PERSONAL EXPERIENCE OF PSYCHOTHERAPY IS A PREREQUISITE:

Are you now or have you been in psychotherapy or psychoanalysis? Yes _____ No _____

Currently _____ When? _____ How long? _____ Frequency? _____

OTHER PROGRAMS:

Please indicate any other programs to which you are applying.

PART II – Relevant Health History

Are you disabled? Yes_____, No_____

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

PART III - Curriculum Vitae

Educational Background

Please list all collegiate, graduate and professional education and training (with degrees and dates):

Occupational Experience

List experience of the past five years, indicating position(s) held at the time of application

Other Professional Activities

List active memberships, teaching positions, research projects, publications, etc.

PART IV - Statement of Interest

Please write a short statement of your interest in this clinical course in psychoanalytic psychotherapy. (Please **attach** to this application form.)

PART V - Ethical Standing:

1. Have you ever been convicted of a felony?

Yes_____ No_____

2. Have you ever had your license to practice psychotherapy restricted, suspended or revoked?

Yes_____ No_____

3. Have you ever resigned, been suspended, been put on probation, or been terminated from a professional organization or from a medical staff?

Yes_____ No_____

4. Have you ever been denied medical staff privileges or had your medical staff privileges restricted?

Yes_____ No_____

5. Has anyone asserted or filed claim or lawsuit against you contending that you breached any duty in providing professional care to a patient?

Yes_____ No_____

6. Has anyone asserted or filed a claim or lawsuit against you that would be regarded as a serious reflection on your integrity and moral character?

Yes_____ No_____

7. Have you ever been required to report a settlement to your licensing board or to the National Data Bank?

Yes_____ No_____

If the answer to any of the 7 questions above is "Yes," please describe the circumstances, including the name or names of the person being paid a settlement, name of any lawsuit involved, and the court in which the lawsuit was filed. You are under obligation to update PCC with regard to any of the above ethical items should there be any changes. If you are accepted to this course in PCC, you agree to promptly notify PCC in writing if any of the above should change.

PART VI - References: Please have the below two persons forward letters of reference to the PCC at:

**11500 W. Olympic Boulevard, Suite 445
Los Angeles, CA 90064**

1. Name:_____ Phone:_____

Address:_____

City/State/Zip:_____

2. Name:_____ Phone:_____

Address:_____

City/State/Zip:_____

PART VII - Release and Agreement

I understand that my application and progress in this Psychoanalytic Psychotherapy Program will be subject to assessment by the instructors and supervisors. I release the Psychoanalytic Center of California, its Institute and Society, from all blame and liability in all circumstances including rejection of my application and/or discontinuance of my course participation.

In addition, I understand and agree that consideration of this application by the Institute and my participation in the program, (including the awarding of a certificate) is at the sole discretion of the Institute, and under no circumstances will the Institute, its officers, trustees, faculty, employees or members be held liable by reason of any action or inaction in relation thereto.

I also understand that this program is not being represented as training for practice in psychoanalysis, but as a supplement to existing theoretical knowledge and clinical skills in psychoanalytic psychotherapy, for which a certificate will be given upon completion of the requirements of the program. Therefore, I understand that upon completion of the course, I will not represent myself as a practicing psychoanalyst or a graduate of the PCC Institute Training Program in Psychoanalysis.

The Psychoanalytic Center of California admits qualified students and does not discriminate on the basis of race, color, sex, religion, age, handicap, national or ethnic origin in the administration of any of its educational or admission policies, financial aid programs and other school administered programs.

I authorize the Institute and the Psychoanalytic Program Committee to communicate with the individuals listed in the references above.

Finally, I have read the accompanying PCC Catalogue for this Course and agree to abide by the policies and procedures.

Signature: _____

Date: _____