

The Psychoanalytic Training Institute of the Contemporary Freudian Society

formerly The New York Freudian Society

ADULT PSYCHOANALYSIS PROGRAM

WASHINGTON DC

FORM A

ACADEMIC ASSOCIATE APPLICATION

Name:

Birth Date:

Age:

Marital Status:

Home Address:

City:

State:

Zip Code:

Cell Phone:

Work Phone:

Email Address:

Have you ever applied to our institute in the past: Yes No If yes, when?

EDUCATION

Please have graduate, undergraduate and psychoanalytic studies transcripts sent to the address indicated on the following page.

Undergraduate College:

Year Graduated:

Major Field of Study:

Graduate Institution:

Degrees Awarded and Dates:

Major Field of Study:

Previous Psychoanalytic Studies, if any:

Institution:

Dates of Attendance:

Number of Courses Completed:

List of Courses and Instructors:

CERTIFICATION

Indicate States and Type:

PROFESSIONAL EXPERIENCE

If employed in the mental health field, give the name and location of the institution and a brief characterization of your work

If in private practice, please indicate its character and when you began it.

Describe any other work experience you may have had, whether in the general field of psychology or elsewhere.

Please attach a brief statement describing your professional goals as they now stand, and any other reasons you may have for studying psychoanalysis.

PROFESSIONAL REFERENCES

List two individuals (other than your current or past analyst) with their professional connections, who are in a position to comment on your suitability for psychoanalytic training. (Have the individuals send Form C to the address below.)

- 1.
- 2.

How did you learn about this program?

Please attach a current curriculum vitae to this application.

Please enclose a \$50 application fee payable to "PTI of CFS".

Please send completed application and transcripts to: Connie Stroboulis
PTI-CFS
11 Bunker Hill Drive
Manalapan, NJ 07726

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FORM C

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PROFESSIONAL REFERENCE

has given your name as a person cognizant of their professional activity.

(Name of Applicant)

PLEASE WRITE A BRIEF EVALUATION OF THE APPLICANT

Name:

Address:

City:

State:

Zip Code:

Name of Professional Affiliation:

Signature:

Date:

Please send completed application and transcripts to: Connie Stroboulis
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