

Psychoanalytic Training Institute of the Contemporary Freudian Society

formerly New York Freudian Society

FELLOWSHIP PROGRAM WASHINGTON DC APPLICATION FOR TRAINING

name: _____ degrees: _____

address: _____

city: _____ state: _____ zipcode: _____

phone: _____ email: _____

Please briefly describe your clinical training and experience:

Why would you like to participate in our Fellowship program?

Please provide the names, addresses and phone numbers of two references:

1: _____

2: _____

How did you learn about this program? _____

Please send completed form and request two letters of reference be sent to: Kathryn Rickard, PsyD
5480 Wisconsin Avenue #210
Chevy Chase, MD 20815
202-413-3124
kathrynrickard@aol.com

signature: _____ date: _____