

# The Psychoanalytic Training Institute of the Contemporary Freudian Society

formerly The New York Freudian Society

## TWO-YEAR PSYCHOANALYTIC PSYCHOTHERAPY PROGRAM APPLICATION FOR TRAINING

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Current Workplace: \_\_\_\_\_

Work Address: \_\_\_\_\_

### EDUCATION

Have graduate, undergraduate and psychoanalytic studies transcripts sent to address indicated on following page.

Undergraduate College: \_\_\_\_\_

Year Graduated: \_\_\_\_\_ Major Field of Study: \_\_\_\_\_

Graduate Institution: \_\_\_\_\_

Degrees Awarded and Dates: \_\_\_\_\_

Previous Psychoanalytic Studies, if any: \_\_\_\_\_

Institution: \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_ Number of Courses Completed: \_\_\_\_\_

List Courses and Instructors: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### CERTIFICATION (Please Include copies)

Indicate States and Type: \_\_\_\_\_

\_\_\_\_\_

PERSONAL STATEMENT

**How did you learn about the Psychoanalytic Psychotherapy program at the PTI-CFS?**

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**Please tell us about your interest in our program**

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PROFESSIONAL EXPERIENCE

Please describe your employment history and any relevant volunteer experience, or attach a current curriculum vitae:

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

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Do you have malpractice insurance? If yes, please submit copy Yes\_\_\_\_ No\_\_\_\_

Would you be interested in a referral for private practice? Yes\_\_\_\_ No\_\_\_\_

PERSONAL PSYCHOTHERAPY OR PSYCHOANALYSIS

Name of Therapist or Analyst: \_\_\_\_\_

Therapist Affiliation: \_\_\_\_\_

Dates in Treatment: \_\_\_\_\_ Sessions per Week: \_\_\_\_\_

REFERENCES

List two individuals (other than your current or past analyst) who are in a position to provide a reference for you and ask them to send their letters of reference to the address below:

1: \_\_\_\_\_

2: \_\_\_\_\_

How did you learn about this program? \_\_\_\_\_

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

Please send completed form and transcripts to:

PTI-CFS  
11 Bunker Hill Drive  
Manalapan, NJ 07726

212 752 7883  
CFS.PTI.Office@gmail.com