

SCIENTIFIC PUBLICATIONS

(enclose reprints considered representative)

PREVIOUS PSYCHOANALYTIC TRAINING

(for which applicant requests credit)

Institute and Address	Academic Years Completed	Dates

PSYCHOTHERAPY OR PSYCHOANALYSIS (PERSONAL OR TRAINING) OR OTHER FORMS OF THERAPY

Therapist Name	Therapist Address	Dates

REFERENCES FROM THREE PERSONS WELL ACQUAINTED WITH YOUR PROFESSIONAL WORK

Reference Name	Reference Address	Dates

- 1. Have you ever been denied or suspended from an appointment at an academic or clinical institution? Yes _____ No _____
- 2. Have you ever been denied by or suspended from any licensing agency? Yes _____ No _____
- 3. Have you ever been involved in a legal action related to your work or had any malpractice claims or suits filed against you? Yes _____ No _____
- 4. Have you ever been involved in an ethical charge in relation to your professional work? Yes _____ No _____
- 5. Have you ever been convicted of a felony? Yes _____ No _____
- 6. Do you have any physical or emotional condition that may adversely affect your ability to practice? Yes _____ No _____

If the answer to any of the above questions is "yes", please explain in detail by number:

Please include an autobiography. The purpose of the autobiography is to allow the Admissions Committee members to assess your way of understanding your own development as a person, the important relationships and events which have contributed to your life, and the origins of your interest in psychoanalysis.

Please request a validated transcript from your highest degree training. Also, please enclose documentation of current clinical licensure and of professional liability insurance.

If you are applying for clinical training, come prepared to discuss your clinical work with two patients during your personal interviews.

I certify that the above information is complete and correct.

By signing this application for admission to The Houston-Galveston Psychoanalytic Institute, I acknowledge that upon matriculation I am subject to the by-laws and policies of the Institute with respect to any activities that relate to my position as a trainee at the Institute. I acknowledge that I have access to a copy of the Institute's by-laws and policies that pertain to me and that I will be responsible for understanding and complying with them throughout the term of my training at the Institute.

I hereby authorize The Houston-Galveston Psychoanalytic Institute to write to the above-named references and institutions and authorize the above-named references and institutions to release information relevant to my application to The Houston-Galveston Psychoanalytic Institute.

Please enclose a recent photograph.

Signature: _____

Date of Application: _____

APPLICATION FEE:

- STUDIES IN PSYCHOANALYSIS \$200.00 Application fee should accompany this application when it is returned.
- STUDIES IN PSYCHODYNAMIC PSYCHOTHERAPY \$100.00 Application fee should accompany this application when it is returned.