

Psychoanalytic Center of the Carolinas
101 Cloister Court, Suite A
Chapel Hill, NC 27514

Application for the Academic Training Programs in
Psychoanalysis
and
Psychoanalytic Psychotherapy

For additional information please contact:

PCC Administrator
Phone: (919) 490-3212
Fax: 1-877-897-4034
Email: admin@carolinapsychoanalytic.org
www.carolinapsychoanalytic.org

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Application for the Academic Training Programs in Psychoanalysis and Psychoanalytic Psychotherapy

This application is for admission to certificate programs in both psychoanalysis and psychoanalytic psychotherapy. Selection of which certificate(s) you would like to pursue occurs after admission.

Instructions and Checklist

Send to PCC:

- _____ 1. The completed application form.
- _____ 2. A copy of all separate materials requested in sections B, C, and D of the application form.
- _____ 3. A copy of each of your three completed Consent for Letter of Reference forms.
- _____ 5. A check for the \$150 application fee made out to: Psychoanalytic Center of the Carolinas.

Have the following document(s) sent directly to PCC:

- _____ 1. An official transcript from each graduate school from which you received a graduate degree.

Send to each provider of a Letter of Reference:

- _____ 1. A completed Consent for Letter of Reference.
- _____ 2. A Request for Letter of Reference form.

Please allow sufficient time for us to receive your application materials and meet with you before classes begin.

Please address any questions or concerns to: Administrator
(919) 490-3212
admin@carolinapsychoanalytic.org

Interviews:

Once your complete application has been received we will call you to set up interviews with each of three members of the Admissions Committee. Each interviewer will meet with you one or more times, and the Committee may request you meet with additional interviewers as part of the admissions process. Our admissions process includes two kinds of interviews, academic and personal.

Academic interview - An interviewer meets with you to discuss areas of your academic interest and how you see psychoanalytic education contributing to your field. You will be asked to discuss your research and learning goals. The purpose is to collaborate with you to help you select the most appropriate training opportunities for your learning goals.

Personal interview - You will be asked to discuss your personal history and understanding of yourself as they relate to your roles as an academic, student and patient. Among psychotherapy models, psychoanalysis and psychoanalytic psychotherapy place the greatest emphasis on the therapeutic relationship. These models require a high degree of self-awareness and reflection concerning one's subjective experience within the relationship. Consequently, we believe that the personal interview is an important part of our collaboration with you in selecting the most appropriate training opportunities, and the interview addresses such qualities as self-awareness, personal comfort, openness, flexibility, manner of relating, personal history, and curiosity about one's psychodynamics.

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Section A:

Date: _____

Name: _____ Degree: _____

Please check preferred mailing address:

Home Address: _____

Work Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Fax Number: _____

Preferred Phone: _____ E-mail Address: _____

How did you hear about this program? (Please check all that apply)

- Colleague Friend Supervisor Psychotherapist/Psychoanalyst PCC web site
 Email ad Brochure Other _____

Section B. Please provide a Personal Statement about your wish to enter this program at this time. How do your experiences and background relate to your interest and goals? How have they shaped you? How do you see yourself using your psychoanalytic education in the future? (We recommend a typed statement of between 500 and 1000 words.)

Section C. A personal psychoanalysis or intensive psychoanalytically-oriented psychotherapy is an important component of the Training Programs and is required. The psychotherapy program requires either a current or completed psychoanalysis or intensive psychoanalytically-oriented psychotherapy. The psychoanalysis program requires a personal psychoanalysis during training. On a separate sheet of paper please provide a brief statement describing your own experience with such treatment.

Section D. Please provide a current *curriculum vitae* or other documentation containing the following information, if applicable:

1. Education: List academic degrees, years awarded, institutions, locations, and majors or areas of specialization.
2. Professional Experience: Nature of academic work.
3. Psychoanalytically-oriented studies: List coursework, workshops, or other psychoanalytic study, with dates, instructors, and sponsoring organizations.
4. Other studies and work experience relevant to your interest in psychoanalytic psychotherapy, e.g., work in another field, or independent reading, or research.
5. Writing: Provide a bibliography of publications and papers presented, and a brief description of any unpublished research, clinical, or theoretical writings.
6. Teaching Experience: List courses or seminars taught; include dates, locations, sponsoring organizations, and topics.
7. Professional Affiliations: List names of professional societies and organizations and dates of membership.

Section E. Please list three individuals familiar with your academic work (e.g., supervisors, advisors, colleagues) who can recommend you for this program. Please give each of these individuals a copy of the Request for Letter of Reference form and a signed copy of the Consent for Letter of Reference form. (See instructions accompanying this Application.) We require three references, but you may provide additional letters of reference. We may contact your references for additional information about your work. Letters of reference must be received in time for us to review them before classes begin.

1. Name: _____ Position: _____

Phone number(s): _____

Address: _____

2. Name: _____ Position: _____

Phone number(s): _____

Address: _____

3. Name: _____ Position: _____

Phone number(s): _____

Address: _____

Section F: Representation Section: (Use additional sheets if necessary.)

- a. Have you ever been convicted of a crime in any state or country, or are any charges current or pending?
 Yes No NA If yes, explain: _____
- b. Has any licensing board or professional ethics body ever revoked, restricted or required you to surrender your license or found you guilty of a violation of ethics codes, professional misconduct, unprofessional conduct, incompetence or negligence in any state/country, or is any such action current or pending?
 Yes No NA If yes, explain: _____
- c. Have you ever had any insurance company decline, cancel, refuse to renew or accept only on special terms any professional liability insurance?
 Yes No NA If yes, explain: _____
- d. Has any professional liability claim or suit ever been made against you or is any such action current or pending?
 Yes No NA If yes, explain: _____
- e. Are there any circumstances of which you are aware that may result in any professional liability claim or suit being made against you?
 Yes No NA If yes, explain: _____
- f. Have you ever been engaged in any sexual conduct with any of your current or former patients or any current or former patient's spouse or any person with a direct relationship to the patient or former patient (e.g., a guardian, blood relative of the patient or spouse, or any person sharing the patient's domicile)?
 Yes No NA If yes, explain: _____
- g. Have you ever had any hospital, agency, health care provider, or professional organization deny, restrict or revoke professional or research privileges or invoke probation for any cause other than incomplete medical charts, or is any such action current or pending?
 Yes No NA If yes, explain: _____
- h. Have you ever been suspended, restricted or put on probation by any governmental health program (i.e. Medicare or Medicaid)?
 Yes No NA If yes, explain: _____
- i. Are you now or have you ever been treated for alcoholism or other drugs?
 Yes No NA If yes, explain: _____
- j. Have you ever abused alcohol or drugs?
 Yes No NA If yes, explain: _____
- k. Has your narcotics license ever been suspended, revoked, voluntarily surrendered or probation invoked or is any such action current or pending?
 Yes No NA If yes, explain: _____
- l. Have you ever been censured by or dismissed from any professional organization?
 Yes No NA If yes, explain: _____

Signature

Section G: Please sign the following statement:

I certify that all information provided on this Application, or submitted with it, is accurate to the best of my knowledge. I specifically authorize the Psychoanalytic Center of the Carolinas and its authorized representatives to consult with the parties whose names I have given either herein or otherwise, as well as with any third parties whose names I may in the future provide as references, concerning further information bearing on my application. I release from any and all liability the Psychoanalytic Center of the Carolinas, the Psychoanalytic Center of the Carolinas, and their authorized representatives, and any third parties whose names I have provided or may provide, for any acts, communications or disclosures involving me, including otherwise privileged and confidential information relating to me and this application. I acknowledge that the Psychoanalytic Center of the Carolinas reserves the absolute right to accept, reject, or defer any applicant for any reason(s) deemed sufficient by PCC in its sole discretion.

Signature: _____

Date: _____

Name (print): _____

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Consent for Letter of Reference

I, _____ hereby give my consent to:
Print or Type Name

Name: _____

Address: _____

Phone: (Home) _____ (Work) _____

to provide information regarding me to representatives of the Psychoanalytic Center of the Carolinas. I understand that letters of reference are required by the PCC as part of my application for admission to the Academic Training Programs in Psychoanalysis and Psychoanalytic Psychotherapy and that information contained in such letters will be kept confidential within the confines of the Admissions Committee of the PCC.

Signature of Applicant

Date

The following consent is optional:

Further, I understand that I may have a legal right of access to such letters of reference. For the purposes of encouraging full and candid disclosure by these referring individuals, I hereby authorize the release by them to the Psychoanalytic Center of the Carolinas of any and all information that may be requested, and I waive any right of access that I otherwise might have to their statements and information, and agree that these statements and information shall remain completely confidential.

Signature of Applicant

Date

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Request for Letter of Reference

Date: _____

Name of Applicant: _____

The above-named person has applied for admission to the Psychoanalytic Center of the Carolinas, which offers academic training programs in Psychoanalysis and in Psychoanalytic Psychotherapy, and has given your name as a reference. Along with this Request for a Letter of Reference, you should receive a signed copy of the applicant's Consent, stating the confidentiality agreement concerning this information and letting you know the applicant's choice concerning the waiver of her/his right of access to any statements and information you may give us. Your assistance in acquainting us with this applicant would be most helpful. What we would like from you is an emphasis on the unique qualities of this applicant.

Please include in your letter the length and circumstances of your acquaintance with the applicant and your evaluation of the following areas:

1. Indicate any unique personal qualities the applicant possesses which may be assets or limitations in the applicant's pursuit of advanced education in this program.
2. What relevant information can you share with us about the applicant that is not likely to be available from other sources?

Your candid reply will help us in our selection process. Thank you for your help in our evaluation of this applicant.

Your letter should be sent to: Administrator
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