

FLORIDA PSYCHOANALYTIC SOCIETY AND INSTITUTE
PSYCHODYNAMIC PSYCHOTHERAPY COURSE
APPLICATION FOR TRAINING 2005-2006 ACADEMIC YEAR

Name: _____ Date of Birth: _____

Profession: _____ Florida License Number: _____

Are you an adjunct member of The Florida Psychoanalytic Society? _____

Office Address: _____

Home Address: _____

Office Telephone: _____ Email: _____

Home Telephone: _____

EDUCATION (Graduate and Undergraduate)

School	Degree	from:	to
School	Degree	from:	to
School	Degree	from:	to
School	Degree	from:	to

RESIDENCIES, INTERNSHIPS, PROFESSIONAL TRAINING:
(State type of program, Institution, Dates)

OTHER PROFESSIONAL EXPERIENCE
(Clinical work, Teaching, Research, Post-Graduate Courses)

CURRENT PROFESSIONAL ACTIVITIES:

Please enclose \$50 administrative fee, which can be credited toward tuition, payable to:
Florida Psychoanalytic Society, at 420 South Dixie Highway, Suite 2F, Coral Gables, FL 33146

ATTACH ADDITIONAL PAGES IF NEEDED