

Florida Psychoanalytic Institute

420 South Dixie Highway, Suite 2-F
Coral Gables, Florida 33146
Phone: 305-669-4110
e-mail: Adinstitute420@aol.com

Instructions for Applicants for Psychoanalytic Training

1. Applications may be submitted at any time. Five (5) copies of the completed form should be sent to Dr. Julio Calderon, Chair, Admissions Subcommittee, P.O. Box 940250 Miami, FL 33194. A non-refundable application fee of \$350.00 must be included, payable to the Florida Psychoanalytic Institute. The formal application process will not begin until your application file is complete.
2. Should your application be advanced, you will be scheduled for individual interviews with members of the Admissions Subcommittee. The purpose of these interviews is to evaluate your personal and professional capacities to learn about and to practice psychoanalytic work, and will include exploring the usefulness of analysis for you personally. You should be prepared to discuss clinical cases in detail in one or more of the interviews. Each interviewer makes an independent recommendation to the Subcommittee, which will, in turn, review all the data and make a recommendation for an admissions decision by the Education Committee of the Institute.
3. Please direct any questions you may have regarding the status of your application to the Institute's Administrator at 305-669-4110 or by email at Adinstitute420@aol.com. Other questions should be directed to Dr. Julio Calderon, Chair, Admissions Subcommittee, at 305-275-5515 or by e-mail at jcalderonmd@bellsouth.net.

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Application for Psychoanalytic Training

Date _____
Name _____ Degree _____
Mailing Address _____

Telephone (day) _____ E-mail _____
(evening) _____ FAX _____
Place and Date of Birth _____ Age _____
Citizenship _____
Current Position _____

In chronological order, list your (1) colleges; (2) graduate professional schools;
(3) social work placements; (4) clinical internships; (5) residency/fellowship/

post-doctoral training programs.

Name of Institution Dates Attended Degree Year

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Academic appointments _____

Professional honors and awards: _____

Licensed to practice in following states: _____

Board Certification (specify): _____

Briefly describe teaching experience, research and publications.

Briefly describe your experience as a psychotherapist. Include number of years, full time/part time, types of patients and therapies, post-training supervision.

Other educational or professional activities: _____

Memberships in professional organizations: _____

Previous applications to psychoanalytic Institutes:

Present state of health: _____ List all past and present major illnesses:

Have you had psychoanalytic _____ or psychotherapeutic _____ treatment?

List dates, frequency of sessions, duration and (optional) names of analysts or therapists:

Describe any additional information that would be relevant to your interest in psychoanalysis.

Has your license to practice ever been revoked, suspended, or otherwise restricted?

Yes ___ No ___

Have there been malpractice suits or ethical complaints brought against you?

Yes ___ No ___

Have you even been denied or suspended from an appointment at an academic or clinical institution?

Yes ___ No ___

Have you even been convicted of a felony?

Yes ___ No ___

If the answer to any of the above questions is “yes,” please explain in detail by number. Use another sheet if necessary.

References

References A, B, and C should be from persons in positions to give an overall evaluation of your work (e.g. Chairman of Department, Director of Graduate Studies or Residency Training, etc.), including work as a psychotherapist when applicable, from the institutions listed below. Two other references should be from individuals (e.g. teachers, supervisors, colleagues) who personally know you and your work well. At least one reference should be from someone who is familiar with your recent or current clinical work. During the application process, your name may be circulated among Institute faculty who are invited to make confidential statements to the Admissions Subcommittee as appropriate.

A. Professional or Graduate Schools

(Give name, title, and address) _____

B. Internships / Clinical Placements

(Give name, title, and address) _____

C. Residency / Fellowship / Post-Doctoral Training Program

(Give name, title, and address)

D. Other references (at least 2)

(Give names, titles, and addresses)

In addition to the above material, please submit:

- 1) A typed autobiography (approximately 1,000 words). The purpose of the autobiography is to allow the Admission Subcommittee to assess your ways 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.
- 2) A typed narrative (approximately 1,000 words) of your career development, current focus, objectives, etc.
- 3) A copy of your curriculum vitae.
- 4) Copies of your two most recent publications, if applicable.
- 5) A transcript from the institution of your highest degree. Also, please include documentation of current clinical licensure and of professional liability insurance.

During your evaluation interviews you will be asked to discuss your clinical work with patients. You may supplement this, *if you wish*, by also submitting along with this application a brief clinical report on a patient whom you have treated in psychotherapy.

I hereby authorize the Florida 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 Florida Psychoanalytic Institute. I understand that this release does not include, nor will the Subcommittee contact, those whom I have listed as personal analysts or therapists. I also understand that during the evaluation interviews, I may be asked about my treatment experiences.

I attest that, to the best of my knowledge, all of the above information is true, correct, and not misleading.

Signature _____

Date of Application _____

Application Fee:

A check for \$350.00, made payable to Florida Psychoanalytic Institute, should accompany this application.