

FLORIDA PSYCHOANALYTIC CENTER
PSYCHODYNAMIC PSYCHOTHERAPY COURSE
APPLICATION

Name: _____ Date: _____

Profession/Degree: _____

Are you licensed in Florida? If so, license number: _____

If not, what is your professional status? _____

CONTACT INFORMATION:

Office Address: _____

City: _____ State: _____ Zip Code: _____

Office phone: _____

Cell phone: _____

Email Address: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home phone: _____

GRADUATE EDUCATION:

School: _____

Degree: _____ Dates: _____

School: _____

Degree: _____ Dates: _____

School: _____

Degree: _____ Dates: _____

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

OTHER PROFESSIONAL EXPERIENCE:
(Clinical work, teaching, research, post-graduate courses)

CURRENT PROFESSIONAL ACTIVITIES:

Signature

Date

Fees are \$600.00 per semester due in September and January each year:

Please make checks out to:

The Florida Psychoanalytic Center

4649 Ponce de Leon Blvd., Suite 303, Coral Gables, Fl. 33146