

Florida Psychoanalytic Center  
4649 Ponce de Leon Blvd, Suite 303  
Coral Gables FL 33146  
305.669.4353 v 305.740.4449 f  
[fl.psychoanalytic.center@gmail.com](mailto:fl.psychoanalytic.center@gmail.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, PO Box 940250, Miami, FL 33194. A non-refundable application fee of \$350 must be included, payable to the Florida Psychoanalytic Center. 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 Center.

Please direct any questions you may have regarding the status of your application to the Center's Administrator at 305.669.4353 or by email at [fl.psychoanalytic.center@gmail.com](mailto:fl.psychoanalytic.center@gmail.com). Other questions should be directed to Dr. Julio Calderon, Chair, Admissions Subcommittee, at 305.275.5515 or by email at [jcalderonmd@bellsouth.net](mailto:jcalderonmd@bellsouth.net).

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## Application for Psychoanalytic Training

Date \_\_\_\_\_  
Name \_\_\_\_\_ Degree \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
Telephone (day) \_\_\_\_\_ Telephone (evening) \_\_\_\_\_  
Email \_\_\_\_\_ Fax \_\_\_\_\_  
Place and Date of Birth \_\_\_\_\_  
Citizenship \_\_\_\_\_ Age \_\_\_\_\_  
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

Membership in professional organizations

Previous applications to Psychoanalytic Institutes or Centers

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 ever been denied or suspended from an appointment at an academic or clinical institution? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a felony?

Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer to any of the above questions is 'yes', please explain in detail, using another sheet if necessary.

## References

Please list 3 references of persons in positions to evaluate your work. These references may be from the Chairman of the Department, Director of Graduate Studies or Residency Training, current or past supervisors.

1. Name, Title and Address

2. Name, Title and Address

3. Name, Title and Address

**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) 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 Center 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 Center. 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, made payable to Florida Psychoanalytic Center, should accompany this application.