

**Florida Psychoanalytic Center**

4649 Ponce de Leon Blvd. Suite 303

Coral Gables, FL 33146

**Advanced Clinical Seminars Application**

**Personal Information:**

Name: \_\_\_\_\_

Title/Degree/or Student Status: \_\_\_\_\_

Office Address: \_\_\_\_\_

Email address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Education and Training:**

Graduate School/Medical School: \_\_\_\_\_

Year Graduated: \_\_\_\_\_

Residency/Clinical Internship: \_\_\_\_\_

Year Completed: \_\_\_\_\_

License Number: \_\_\_\_\_ State: \_\_\_\_\_

**Professional Information:**

Place(s) of Practice (Private Practice, Hospital, University, Etc):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Years in Practice as a Licensed Clinician:** \_\_\_\_\_

**Please Describe Your Previous Training Experiences in Psychoanalytic or Psychodynamic Theory or Technique:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Ethical Disclaimer:**

By signing below, I certify that the following statements are true:

1. Have there ever been any findings of unethical or unprofessional conduct?  
\_\_\_\_\_ No \_\_\_\_\_ Yes (If “yes”, please explain.)
  
2. Are there any current or pending charges or allegations of unethical or unprofessional conduct?  
\_\_\_\_\_ No \_\_\_\_\_ Yes (If “yes”, please explain.)

Please attach a copy of your most current CV.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_