

FLORIDA PSYCHOANALYTIC CENTER  
***PSYCHODYNAMIC PSYCHOTHERAPY COURSE***  
APPLICATION

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

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

Profession/Degree: \_\_\_\_\_

Licensed in Florida? If so, please put 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)

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**OTHER PROFESSIONAL EXPERIENCE:**

(Clinical work, teaching, research, post-graduate courses)

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**CURRENT PROFESSIONAL ACTIVITIES:**

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(Please attach copies of your Professional License, Professional Liability Insurance Policy and a copy of your most current CV.)

Will you be attending in Person \_\_\_\_\_ Virtual \_\_\_\_\_ Hybrid \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

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

**Please make checks out to:**

**The Florida Psychoanalytic Society**

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