



PHILADELPHIA SCHOOL OF PSYCHOANALYSIS
PHILADELPHIA CONSULTATION CENTER

313 S. 16th Street
Philadelphia, Pennsylvania 19102
Website: www.PSPtraining.com

Phone: 215-732-8244
Fax: 215-732-8454
Email: PSPtraining@comcast.net

Application

Name _____ Social Security # _____

Address _____

Home Phone _____ Work Phone _____ Email _____

Educational Background

Undergraduate School	Major	Degree	Year Awarded
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_____	_____	_____	_____
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Graduate School	Major	Degree	Year Awarded
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_____	_____	_____	_____
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Previous psychoanalytic or psychotherapeutic training:

Other Studies or Training _____

Personal psychotherapy, individual or group (confidentiality assured)

(1) Therapist or group _____

Dates _____ Total Hours _____ Therapeutic Orientation _____

(2) Therapist or group _____

Dates _____ Total Hours _____ Therapeutic Orientation _____

Please list experience as a psychotherapist.

Setting	Modality	Dates	Supervisor

Please list employers beginning with the present one:

Employer: _____ Position/Title: _____
Address and Phone Number: _____
Dates of Employment: _____ Immediate Supervisor: _____

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Address and Phone Number: _____
Dates of Employment: _____ Immediate Supervisor: _____

Employer: _____ Position/Title: _____
Address and Phone Number: _____
Dates of Employment: _____ Immediate Supervisor: _____

Describe your objectives in applying to our school (use a separate sheet if needed).

How did you become aware of PSP? _____

Please list three people who can provide a reference if needed (name, address and phone number).

Please mail completed application to: Admissions Office, Philadelphia School of Psychoanalysis, 313 South 16th Street, Philadelphia, PA 19102. Include a check for the non-refundable application fee of \$50.00 made out to "PSP". Please note that before formal acceptance an official transcript must be submitted to this office.

If enrolled, I understand that my admission is subject to all existing requirements and any future changes in them.

Signature _____

Date _____