## Institute for Modern Psychoanalysis of Philadelphia

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## Application for Matriculation

Certificate in Modern Psychoanalysis					
Name:					
Address:					
Phone:	Email:				
Current Analyst:	Hours:				
Undergraduate School	Major	Degree	Year Awarded		
Graduate School	Major	Degree	Year Awarded		
Previous psychoanalytic or psychotherapeutic training:					
Other Studies or Training:					
Personal psychotherapy, individual or group:					
Dates	Total Hours	Therapeutic Orientation			

Please list any previous leadership, management, or teaching expirence:

Please list any clinical experience:					
Setting	Modality	Dates	Supervisor		
Current Employment (optional):					
Employer:	Po	sition/Title:			
Address and Phone Number:					
D. CF 1		1 0			
Dates of Employment:	Imme	ediate Supervisor:			
Domanal/Duofassianal Casla					
Personal/Professional Goals					
Tell us about your personal and/or professional goals in applying to PSP: (use separate document and attach)					
How did you learn about IMPP? If you	were referred by someone, p	lease include their r	name below. Referrals help		
us grow our network.					
Application Completion Checklist					
Submit you completed application					
Provide 2 letters of reference One personal					
- One professional					
<ul><li>3. Submit copies of transcripts from all ur</li><li>4. Applications must be accompanied by chec</li></ul>		on fee of \$150.00 made	out to 'PSP'. Email		
raygourley@psptraining.com an invoice reque	est if you prefer electronic payment	t.			
I understand that my official enrollment in the Psychoanalyst Certificate program at IMPP is subject to					
ABAP accreditation and any modification	ns therein. (Psychoanalyst Cer	rtification only)			
Signature:		Date:			