

EMORY UNIVERSITY PSYCHOANALYTIC INSTITUTE
6 Executive Park Dr. NE, The Catherine Hardman Suite, Atlanta GA 30329

Candidate Application Form

Please indicate which program you are applying for: ___ Core Program (Academic) Date: _____

___ Core Program ___ Psychoanalytic Psychotherapy Program ___ Clinical Psychoanalytic Program

Name: _____ Degree: _____

Mailing Address: _____

Home or Office Telephone: _____ Cell Phone: _____

Place of Birth: _____ Date of Birth: _____

Citizenship: _____ Email _____

Current Position: _____

List chronologically your (1) Colleges; (2) Graduate/Professional schools; (3) Clinical internships; (4)

Residency/Fellowship/Post-doctoral Training Programs:

<u>Name of Institution</u>	<u>Dates Attended</u>	<u>Degree</u>	<u>Year</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Academic/Professional honors, awards: _____

Board Certification, if applicable (specify): _____ Year: _____

Licensed to practice in these states, if applicable:

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It is okay to have a little or a lot to write on the following pages

Describe briefly your major area of scholarship and/or the research you have conducted. Attach a curriculum vita. Include copies of any of your publications you think relevant to this application, including papers in press: 3 copies each of papers; 1 copy of books, ***which will be returned.***

Describe briefly your experience as a clinician (number of years, full time/part time, types of patients and therapies, post-training supervision) and/or professional activities (teaching, research, administrative):

Other educational or professional activities: _____

Membership in professional organizations: _____

Previous applications to psychoanalytic institutes (where, when, results): _____

Previous completed courses at a psychoanalytic institute: _____

Any important health issues you want us to consider in light of the demands of our program?

Is there any additional information that would be relevant to your interest in psychoanalysis?

Has your license to practice ever been revoked, suspended, or otherwise restricted? _____

Have there been any malpractice suits or ethical complaints brought against you? _____

If yes to either, please explain: _____

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References: Please list names and addresses of: (A) the Chair of the Department or Director of Graduate Studies in which you received your degree or comparable position if a student and (B) 3 other people who are closely acquainted with you and your work and who would be able to provide an evaluation.

A. Chair of Department/Director of Graduate Studies: _____

Title: _____

Address: _____

B. Other References:

1) Name: _____ Title: _____

Address: _____

2) Name: _____ Title: _____

Address: _____

3) Name: _____ Title: _____

Address: _____

Part 2: Please attach a brief personal essay

In five hundred words or less, please tell us how (and why) it was that you became interested in Psychoanalysis?

Part 3: Please include a passport photo.

There is a \$150 application fee that must be mailed in to complete
your application.

Make all checks or money orders payable to EUPI. Please make
sure that the name on your application is noted on the payment.

EUPI
6 Executive Park Dr
Suite T-03
Atlanta, Ga 30329

Please send your application materials to Ms. Ayanna Webb
Ayanna.Webb@emoryhealthcare.org