



APPLICATION FORM

Michigan Psychoanalytic Institute Continuing Education Division Psychoanalytic Psychotherapy Educational Programs

Please select the program for which you are applying:

_____ **Developmental Sequence**
(One year/one class per week)

_____ **Assessment and Beginning Treatment**
(One year/one class per week)

_____ **Psychoanalytic Psychotherapy Fellowship – Farmington Hills**
(One year/one class per week)

_____ **Psychoanalytic Psychotherapy Fellowship – Ann Arbor**
(One year/one class per week)

_____ **Advanced Training in Adult Psychodynamic Psychotherapy**
(___ Three years/one evening/two classes per week)

_____ **Child Development and Clinical Issues Program:** please check option(s)
(___ Developmental Sequence ___ Key Readings in Child Development/Treatment Study Sequence ___ Clinical Supervision)

(Because class sizes are limited, early application is encouraged.)

SECTION I

Name _____ Degree _____

Home Address: _____

City _____ State _____ Zip _____

Profession _____

Name of Employer: _____

Office Address: _____

City _____ State _____ Zip _____

Office Phone: () _____ Home Phone: () _____

Cell Phone: () _____ Pager: () _____

Email Address: _____

How did you hear about us?

▶ Publication (please name the publication): _____

▶ Referral by: _____

▶ University (please name the University): _____

▶ Other: _____

SECTION II

Education and Training:

(Include school, location, subject of study, date of graduation or completion, and degree)

Undergraduate: _____

Professional Education or Training: _____

Residency Program (if applicable): _____

Fellowship Program (if applicable): _____

Post-Doctoral Training (if applicable): _____

Please note: Licensure and malpractice insurance are necessary only if you are applying for the full Advanced Training in Adult Psychodynamic Psychotherapy (ATAPP) program or the Clinical Supervision Component of the Child Development and Clinical Issues Program (CDCIP); however, if available, and you are applying for one of the other programs, please include a copy.

Present Licensure and/or Certification (please include a copy): _____

Malpractice Insurance (please include a copy): _____

SECTION III

Professional Activities Following Training:

List past and present professional activities:

List classes, seminars and further educational experiences in which you have participated:

Describe your experiences of supervision (if applicable), with whom and when.

SECTION IV

Letters of Reference:

For acceptance to the full ATAPP program, one year components of the CDCIP or Fellowship, it will be necessary for us to receive two (2) letters of reference from sources of your choice. They may be addressed to Jean Lewis at Michigan Psychoanalytic Institute (see below).

SECTION V

Personal Interview: A personal interview is required for entry into each of these programs.

SECTION VI

Curriculum Vitae/Resume: Please include a current copy.

SECTION VII

Fee: There is a non-refundable application fee of \$40.00.

Program Application Deadline: June 30, 2012

Scholarship Application Deadline: June 30, 2012

Limited funds are available for scholarship. A separate scholarship application may be obtained from the website (mpi-mps.org) or Jean Lewis at 248-851-3380, and must be submitted by the deadline.

Mail to: Jean Lewis
Michigan Psychoanalytic Institute
32841 Middlebelt Road, Suite 411
Farmington Hills, MI 48334