

APPLICATION FORM

Michigan Psychoanalytic Institute Continuing Education Division Psychoanalytic Psychotherapy Educational Programs

The \$40 application fee and hardcopy applications and documents should be mailed to: *Attn:* Lana Jaeger-Barstad, Michigan Psychoanalytic Institute, 32841 Middlebelt Road, Suite 411, Farmington Hills, MI 48334. Make checks out to MPI.

Please select the program for which you are applying:

Psychoanalytic Psychotherapy Fellowship (One year/one class per week)

Farmington Hills
 Ann Arbor

Adult and Child/Adolescent Advanced Psychodynamic Psychotherapy (ACAPP)

Two Year Adult Track (Two years/one evening/two classes per week)

One Year Child/Adolescent Track (One year/one evening/two classes per week)

Part-Time Options

Developmental Sequence (One year/one class per week)

Adult Track: Assessment and Beginning Treatment (One year/one class per week)

Child/Adolescent Topics (One year/one class per week; Requires prior completion of Developmental Sequence)

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

SECTION I

Name _____ Degree _____

Home Address: _____

City _____ State _____ Zip _____

Home Phone: () _____ Cell Phone: () _____

Email Address: _____

Profession _____

Name of Employer: _____

Office Address: _____

City _____ State _____ Zip _____

Office Phone: () _____ Pager: () _____

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 a clinician planning to see patients as part of the Adult and Child/Adolescent Advanced Psychodynamic Psychotherapy (ACAPP) program; however, if available, and you are applying for one of the Fellowships, 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 into ACAPP or the Fellowship, it is necessary for us to receive two (2) letters of reference from sources of your choice.

SECTION V

Personal Interview: A personal interview is required for entry into each of these programs. You will be contacted by the relevant program director.

SECTION VI

Curriculum Vitae/Resume: Please include a current copy.

SECTION VII

Ethics Statement:

I agree to familiarize myself with the ethics of my profession. I understand also that members and candidates in training at the Michigan Psychoanalytic Institute adhere to and use the ethical standards of the American Psychoanalytic Association as a model to inform their practice. The Michigan Psychoanalytic Institute and Society have a Patient and Colleague Assistance Committee along with an Ethics Committee that offers assistance as needed by an individual patient and/or colleague.

Date

Signature of Applicant

SECTION VIII

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

Program Application Deadline: June 30th.

Scholarship Application Deadline: June 30th.

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