



Clinical Candidate Application

MICHIGAN PSYCHOANALYTIC INSTITUTE

32841 Middlebelt Road, Suite 411

Farmington Hills, MI 48334

(248) 851-3380

I. PERSONAL INFORMATION

I hereby apply for training in psychoanalysis to the Michigan Psychoanalytic Institute:

Name: _____
(maiden name)

Highest Degree Attained: _____

Date _____ Institution _____

Marital Status: _____ Social Security No. _____

Birthdate: _____ Age nearest birthday: _____

Birthplace: _____ Number of dependents: _____

Address: Office: _____

Home: _____

I prefer to have mail sent to my home _____ or my office _____.

Phone: Office: _____ Home: _____

Cell Phone: _____

Email: _____

*Please include a recent photograph of yourself.

Mail application materials to the Michigan Psychoanalytic Institute, address noted above, to the attention of Melvin Bornstein, M.D., Admissions Chair. Or *securely* email materials to Jean Lewis, Administrative Director, at jlewis@mpi-mps.org using the free service at sendinc.com.

II. EDUCATION AND PROFESSIONAL TRAINING
(Include a copy of your current Curriculum Vitae)

A. Undergraduate Education: (Give name and address of university, degree received and date conferred):

B. Graduate Education: (Give name and address of university, degree received and date conferred):

*Please provide us with a letter showing you requested a transcript from the university where you received your graduate degree.

C. Internship(s) (if applicable): Give name and address of facility, dates of internship and name of supervisor(s):

D. Psychiatric Residency or Post-Doctoral Fellowship (if applicable): Give name and address of facility, dates of residency or fellowship, and names and addresses of immediate supervisors:

E. Time periods between undergraduate education and residency or post-doctoral fellowship and present not covered in preceding accounts: please describe briefly.

Please note: Licensure and malpractice insurance are necessary for clinical applicants.

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

Malpractice Insurance (please include a copy of the face sheet): _____

III. PSYCHOTHERAPY AND RESEARCH EXPERIENCE (if applicable)

A. Intensive psychotherapy:

If you have had clinical experience in doing intensive long-term psychotherapy, please describe your experience by indicating a number of these patients (by letter or number only, NOT by name), stating age, sex, diagnosis, number of hours seen per week, length of time seen and therapeutic outcome (*please use the attached form on page 10*).

Please give the number and address of the supervisor(s) that we may contact about your work, *different than the two individuals whom you will request to send us letters of recommendation* (see item IV on page 4). Please use the attached form on pages 6- 7.

B. Research experience, including staff positions (if applicable):

Please give a brief description of research; names and addresses of institutions; dates of employment; and full name of directors and supervisors.

C. Michigan Psychoanalytic Institute

1. Have you completed the Adult and Child/Adolescent Advanced Psychodynamic Psychotherapy program (ACAPP, previously known as ATAPP)?
_____ Yes _____ No _____ Currently enrolled

*If yes, please indicate program and dates.

2. Have you taken Continuing Education Division courses at the Michigan Psychoanalytic Institute?
_____ Yes _____ No _____ Currently enrolled

*If yes, please list them with name, instructor, and approximate dates.

3. Have you ever applied for training in psychoanalysis to this or any other Institute? _____ Yes _____ No

*If yes, please state when, where and the outcome of your application.

*Please submit a resume of this training.

IV. LETTERS OF RECOMMENDATION

Please list two individuals whom you will request to send us letters of recommendation as to your personal suitability for psychoanalytic training.

1. _____

2. _____

V. PERSONAL TREATMENT

Are you now in analysis or have you been in analysis? _____ Yes _____ No

*If yes, please give the name of the analyst, beginning date, and if applicable, ending date.

Have you had any personal psychotherapeutic treatment? (e.g., psychoanalytically oriented psychotherapy, group therapy, marital counseling, etc.)

_____ Yes _____ No

*If yes, please specify the type of therapy, name of therapist, and dates of therapy.

*Please note: Your psychoanalyst or psychotherapist will **NOT** be contacted except to furnish the beginning and ending dates of your training analysis should you be accepted for training.

VI. AUTOBIOGRAPHICAL SKETCH AND CLINICAL REPORTS

Please include with your application an autobiographical sketch. In addition, as part of the evaluation process, please submit with the application the summaries (each less than 10 pages) of two cases from your practice treated in psychoanalytic psychotherapy. From the cases available to you, please select one from each gender. These case summaries will be part of your application and may be used as the basis for discussion of your clinical abilities, practice and experience. We are interested in your thoughts about the case, so please do not discuss the write-ups with colleagues or supervisors.

During your admission interviews, in addition to the above mentioned summaries, you will be asked to present unsupervised process material from two cases, one from each gender. The process material may be from the summarized cases or others.

VII. CONDITIONS AND APPLICATION FEES

In the event of my acceptance as a candidate in training at the Michigan Psychoanalytic Institute, I hereby pledge myself not to conduct psychoanalytic treatment and not to represent myself as a practitioner of psychoanalysis until I am authorized to do so by the Educational Committee.

I hereby acknowledge receipt of a copy of the Bulletin of Information of the Michigan Psychoanalytic Institute.

An application fee of \$250.00 is payable upon presentation of this application. In the case that this application becomes a part of the waiver procedures of the American Association for Psychoanalytic Education (AAPE), the payment of an additional processing fee of \$150 will be required.

Date

Signature of Applicant

The Michigan Psychoanalytic Institute does not discriminate against applicants on the basis of race, creed, color, sex, age, sexual orientation, handicap or national or ethnic origin in admissions or in administration of its educational programs.

VIII. INFORMATION ON SUPERVISION (if applicable)

Supervisor Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Dates of Supervision: From: _____ To: _____

Frequency of Supervision: _____

Supervisor Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Dates of Supervision: From: _____ To: _____

Frequency of Supervision: _____

Supervisor Name: _____

Address: _____

City: _____ State: _____ Zip: _____

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CONSENT FOR RELEASE OF INFORMATION

To: _____

Re: _____

This is to advise you that the above named person is considering application for psychoanalytic training at the Michigan Psychoanalytic Institute.

By signing this release of information, the applicant has authorized you to provide any information that you might deem relevant to the consideration of this applicant.

Melvin Bornstein, M.D.
Chairman
Admissions Committee

Signature

Date



Individual Ethics Statement

Michigan Psychoanalytic Institute and Society



Ethical behavior with regard to one's patients and their families, one's colleagues and students (supervisees and seminar members) as well as one's family and community is essential to being a psychoanalyst and psychotherapist. The Michigan Psychoanalytic Institute and Society has adopted the *Principles and Standards of Ethics for Psychoanalysts* of the American Psychoanalytic Association (APsaA), as may be amended, as the statement of ethical standards and expectations for its members and candidates. The Michigan Psychoanalytic Institute and Society processes ethical complaints as described in *Procedures for Dealing with Complaints of Unethical Conduct for MPI and/or MPS*, as may be amended. A current copy of each of these documents is available on the APsaA website and on the MPI/MPS website Members' Section, respectively.

Questions or doubts regarding aspects of one's own behavior or the behavior of any other member or candidate which may transgress ethical expectations may be brought, in complete confidence, to the Chair of the Joint MPI/MPS Ethics Committee.

** The contents of this statement will be kept confidential and will be directed to the Ethics Committee Chair. If you need more space for your responses to any of the questions below, please use the other side of this page. If you are not a clinician and 3 and 4 are not relevant, note 'N.A.'*

NAME: _____ **DEGREE:** _____

1. APsaA, MPI and/or MPS Codes of Ethics

I have read the current version of the APsaA's <i>Principles and Standards of Ethics for Psychoanalysts</i> , as may be amended. To the best of my knowledge, information and belief, I hereby certify that I have complied with these stated ethical standards/expectations in the past and attest that I am committed to complying with these standards in the future. In addition, I agree with and am committed to comply with the current version of the MPI and/or MPS <i>Procedures for Dealing with Complaints of Unethical Conduct</i> , as may be amended.	
Signature: _____	Date: _____

2. Ethics

Have you ever been found to have violated any rules/standards of professional ethics, or expelled from any professional organizations for alleged violations of professional ethics?	
<input type="checkbox"/> If yes, please explain. _____ How was it resolved? _____	
<input type="checkbox"/> No, I have not been found in violation or expelled.	
Signature: _____	Date: _____

3. Competency

I hereby certify that to the best of my knowledge, information and belief, I have no mental or physical impairment that would adversely affect my ability to clinically practice or teach psychoanalysis or psychotherapy competently and safely.	
Signature: _____	Date: _____

4. Licensure and Professional Liability Insurance

License #: _____ Expiration date: _____	
<input type="checkbox"/> Members and clinical candidates must have professional liability insurance. Send a copy of the face sheet.	
Have you ever been professionally disciplined in any manner (including but not limited to license revoked, suspended, or limited, placed on probation or fined) due to an alleged ethics violation?	
<input type="checkbox"/> If yes, please explain. _____ How was it resolved? _____	
<input type="checkbox"/> No, I have not been professionally disciplined.	
Signature: _____	Date: _____