



## Academic Candidate Application

### MICHIGAN PSYCHOANALYTIC INSTITUTE

32841 Middlebelt Road, Suite 411

Farmington Hills, MI 48334

248-851-3380

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

Name: \_\_\_\_\_

Highest Degree Attained: \_\_\_\_\_

When \_\_\_\_\_ 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

Telephone: Office: \_\_\_\_\_ Home: \_\_\_\_\_

Cell: \_\_\_\_\_

Email address: \_\_\_\_\_

Please include a recent photograph of yourself.

Mail application materials to Michigan Psychoanalytic Institute at the address noted above, to the attention of Nancy Kulish, Ph.D., Chair, Psychoanalytic Academic Programs. Or *securely* email materials to Jean Lewis, Administrative Director, at [jeanlewis@ix.netcom.com](mailto:jeanlewis@ix.netcom.com) using the free service at [sendinc.com](http://sendinc.com).

**I. EDUCATION (Include a copy of your current Curriculum Vitae)**

A. Undergraduate Education: Give name and address of university, degree and date graduated:

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. Please send a copy of your academic dossier with your application.

C. Additional Education (including post-doctoral fellowships, etc.):

D. Please list three individuals whom **you** will solicit for letters of recommendation as to your suitability for the academic programs of MPI.

## **II. PROFESSIONAL EMPLOYMENT**

A. Please provide names and address of the graduate department you have worked in. Also please provide the name of the chairperson of the department.

B. Grants and awards:

C. Publications: Please use additional sheets if necessary.

D. Presentations: Please use additional sheets if necessary.

E. Michigan Psychoanalytic Institute

1. Have you completed the Adult or Child Psychoanalytic Psychotherapy Educational Program?

Yes  No  Currently enrolled

If yes, please indicate program and dates.

2. Have you completed the Psychoanalytic Psychotherapy Fellowship Program?

Yes  No  Currently enrolled

If yes, please indicate program and dates.

3. Have you taken Continuing Education Division courses at the Michigan Psychoanalytic Institute? (Use additional pages if necessary.)

Yes  No  Currently Enrolled

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

4. 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.

F. Membership in professional or scientific societies:

G. Have you ever applied for Academic training in psychoanalysis to this or any other Institute? State when, where and outcome of application:

### **III. PERSONAL TREATMENT**

\*Are you now in analysis or have you been in analysis? Give name of analyst, beginning date, ending date, if applicable, and frequency (number of appointments per week) and change in frequency if that took place.

\*Have you had any personal psychotherapeutic treatment? (e.g., psychoanalytically oriented psychotherapy, group therapy, marital counseling, etc.) Please specify as to type of therapy, name of therapist, and dates of therapy:

\*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.

### **IV. AUTOBIOGRAPHICAL SKETCH**

Please include an autobiographical sketch with your application.

**V. CONDITIONS, 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.

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.

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.*

### **Academic Grant Application for Financial Aid**

Please gather the following information and submit it to the Scholarship Committee together with the rest of your application. In order to safeguard your privacy and confidentiality concerns, this financial information should be enclosed in a separate, sealed envelope marked "SEALED AS REQUESTED". This information will be kept in the strictest confidence within the committee.

- A. A copy of the first two pages of your federal income tax return - form 1040 - for this past year.
- B. An itemized summary of your family's outstanding expenses, including tuitions, living expenses, loan payments (e.g., educational, mortgage, etc.), treatment expenses. Please list your personal tuition, education loans, treatment and supervisory expenses separately.
- C. Indicate your current employment and household net annual income; if not employed, list your current means of support. Also list your income and expenses year-to-date and projected income and expenses for the upcoming academic year.
- D. Family Net Worth Statement including:
  - Assets: Home Equity, Investments, Retirement Funds, Other Savings
  - Debts
- E. Indicate the source and amounts of scholarship awards or grants you are currently receiving.
- F. Note any extraordinary expenses the committee would find helpful in considering your application.
- G. Provide information about any other sources of financial support.
- H. If all requested information is not included at this time, please give an explanation.

I. Questions on completing the Academic Grant Application can be directed to Aisha Abbasi, M.D. (248-910-0315, abbasimd@sbcglobal.net), Chair of the Holtzman Scholarship Committee.

**Certification**

In submitting this application and its attachments, I hereby affirm the truth and accuracy of my statements and am willing to clarify any questions or concerns that may arise.

Applicant Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date Submitted: \_\_\_\_\_