

MICHIGAN PSYCHOANALYTIC COUNCIL

Application for Candidacy in Psychoanalytic Psychotherapy

Instructions:

Applicants are requested to complete this application form (typewritten). Additional pages may be attached if more room is needed to complete responses.

Please also:

- 1) Include a non-refundable application fee of fifty dollars (\$50.00). Make check or money order payable to: *Michigan Psychoanalytic Council*.
- 2) Arrange for official transcripts of all graduate degrees or training to be submitted.
- 3) Provide three letters of recommendation from professionals in your field who know you and are familiar with your work.
- 4) Provide a case report, 3-5 pages in length. This report should cover how you assessed the patient, the course of treatment, including transference-countertransferences, and the outcome.

Mail 5 copies of completed application to: Peter Wood, LMSW
4572 S. Hagadorn Rd., Suite 2B
East Lansing MI 48823

For Further Information contact: peter.wood@comcast.net or phone 517 881.6845.

Applicants must be members of MPC in order to apply, or submit the membership application and membership fee (\$125.00 full/\$30.00 student) with this application for training.

Date of Application: _____

Full Name: _____

Date of Birth: _____

Address (Residence): _____ Phone: _____

Address (Professional): _____ Phone: _____

Professional License: _____ License _____ Certification _____ Other

STATE:

No.:

Specialty Board, Diplomat or Fellow Status:

No.:

Educational Record

(Include all college, post-graduate, and professional education)

Name/Location of Institution

Degree or Certificate

Major

Dates Attended

List any academic awards or scholarships:

List publications of a psychoanalytic nature:

List other publications:

**Pre-Graduate Training
Internship, Practicum, or Field Instruction**

Name of organization at which internship, practicum, or field instruction was completed (please attach additional paper if more than one internship was completed):

Address:

Starting Date (Month, Year):

Ending Date (Month, Year):

Total Number of Hours:

Percentage of time spent in:

Testing/Diagnosis

Individual Therapy

Family/Couple Therapy

Group Therapy

Other (please specify)

Total:

100%

List of internship, practicum, or field placement supervisors (please supply name, degree, and current address, if known)

Supervisor

Degree

Address

Phone No.

Do we have your permission to contact supervisors for information about your work?

Yes

No

Average total number of hours of supervision per month: _____

Please list your rotations and the average amount of time spent on each service (or describe in other manner your ordinary duties on your internship, if appropriate). Describe the type of patient ordinarily worked with (e.g., adults, adolescents, children) and also the ranges of diagnostic categories on each rotation.

**Post-Graduate Training
Internship, Residency, or Field Instruction**

Name of organization at which internship, residency, or field instruction was completed (please attach additional paper if more than one internship was completed):

Address: _____

Starting Date (Month, Year): _____

Ending Date (Month, Year): _____

Total Number of Hours: _____

Percentage of time spent in:

Testing/Diagnosis _____

Individual Therapy _____

Family/Couple Therapy _____

Group Therapy _____

Other (please specify) _____

Total: 100%

List of internship, residency, or field placement supervisors (please supply name, degree, and current address, if known):

<u>Supervisor</u>	<u>Degree</u>	<u>Address</u>	<u>Phone No.</u>
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Do we have your permission to contact supervisors for information about your work?

Yes _____ No _____

Average total number of hours of supervision per month: _____

Please list your rotations and the average amount of time spent on each service (or describe in other manner your ordinary duties on your internship, if appropriate). Describe the type of patient ordinarily worked with (e.g., adults, adolescents, children) and also the ranges of diagnostic categories on each rotation.

Professional Practice

Are you in academic or professional practice now? Yes _____ No _____

If yes, when did you begin this practice? _____

Current Work Setting

Please describe the ordinary activities of your practice or academic work (i.e., average number of hrs/week in individual, marital, or family practice, group therapy, testing and diagnostics, teaching, and other professional work.)

Is your work supervised now? Yes _____ No _____

If yes, list the names, addresses and telephone numbers of your current supervisor(s), and the dates between which they supervised your work.

Do we have permission to contact supervisors for information about your work?

Yes _____ No _____

Other Experience

List professional experience in addition to those already described. For each work setting or experience, describe the number of hours and the types of professional work. Please provide name, address, and phone numbers of supervisors, if appropriate, and the dates between which they supervised your work. Take as many pages as you need to respond. If you cannot provide exact information, please give approximate information, but qualify it as “approximate.” If there were more than six work settings, please describe just the six most important.

Personal Psychoanalysis or Psychotherapy

Are you in analysis or therapy now? Yes _____ No _____

Have you ever been in analysis or therapy? Yes _____ No _____

Name and current address of current analyst (therapist) or of person seen most recently:

Name: _____ Degree: _____

Address: _____

Is your analyst (therapist) a member of Michigan Psychoanalytic Council?

Yes _____ No _____ Don't Know _____

Other Affiliation (if applicable): _____

The following information is requested about your current (or most recent) experience in analysis or therapy. (If you have never been in analysis or therapy, please skip now to the questions about previous psychoanalytic coursework).

Summary of analysis or therapy:

When did you begin (Month, Year): _____

Please summarize the therapy as follows:

_____ weeks at frequency of 3 or more times/week

_____ weeks at frequency of 2 times/week

_____ weeks at frequency of once/week

_____ weeks at other time arrangement (please specify) _____ If you have been in analysis or therapy with more than one individual, please summarize your previous experience below, including the amount of time and at what frequency. List also the affiliation of your analyst, if known.

Please note: The information about personal psychoanalysis or therapy may be used in guiding an individual to the possible necessity of further therapy experience. However, MPC will not communicate personally with your therapist or analyst. It will be the responsibility of the applicant to contact the analyst/therapist, if requested, to provide direct verification only of the total number of hours and frequency.

Previous Psychotherapeutic and/or Psychoanalytic Coursework or Training

1. Are you a member of the Michigan Psychoanalytic Council

Yes _____ No _____

2. Have you taken courses through the MPC?

Yes _____ No _____

If yes, please list course(s) taken:

<u>Name of Course</u>	<u>Instructor</u>	<u>Month/Year Attended</u>
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3. Have you taken courses of a psychoanalytic nature through any other organization? If yes, please specify, including name of organization sponsoring course, instructor (including professional degree), and length of time attended and frequency at which class was offered.

4. Do you think you have taken an equivalent of any required or elective MPC course in your earlier work? If yes, please specify.

Please list any additional relevant information which you feel is important, but for which there did not seem to be a place in this application.