

Program in Relational Psychoanalytic Psychotherapy

The Michigan Psychoanalytic Council

Application

Name:

Address:

Phone:

Email:

Education:

Employment:

Other relevant experiences:

In a few paragraphs, please tell us about your current work and why you are interested in participating in this program.

Return this application to Maria Slowiaczek, Ph.D., Program Coordinator at MLSlowiaczek@gmail.com