

**APPLICATION TO THE CERTIFICATE PROGRAM IN PSYCHOANALYSIS  
FIVE YEAR PROGRAM**

Name: \_\_\_\_\_  
( Last ) ( First ) ( Middle )

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Business Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Institution Awarding Professional Degree: \_\_\_\_\_

Type of Degree: \_\_\_\_\_ Date of Degree \_\_\_\_\_

Are You Licensed? \_\_\_\_\_ License Number: \_\_\_\_\_

Do You Have Malpractice Insurance? \_\_\_\_\_

List Carrier and Amount: \_\_\_\_\_  
\_\_\_\_\_

**1. EDUCATION: List All Colleges and Universities Attended:**

From: (Mo/Yr)	To: (Mo/Yr)	Name & Address of Institution	Major	Degree	Date (Mo/Yr)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____



**5. LIST THE NAME(S) OF YOUR ANALYST(S) AND/OR THERAPIST(S) IN THE PAST OR PRESENT.**

Name of psychoanalytic Institute granting certificate To analyst.	DATES:	FREQUENCY- WEEK	HOURS	TOTAL ANALYST
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6.) We would also appreciate receiving any additional information which you may consider helpful, e.g., your expectations of our training program, personal background; special areas of interest, etc. (if additional space is needed, please append extra pages.)

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7.) How did you learn about the Manhattan Institute for Psychoanalysis?

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APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_





