

APPLICATION FOR ADMISSION

(Application deadline: January 15th of even-numbered years)



GENERAL APPLICATION FOR ALL 4-YEAR PROGRAMS:

ADULT PSYCHOANALYTIC
OR
CHILD/ADOLESCENT PSYCHOANALYTIC
OR
**COMBINED ADULT & CHILD/ADOLESCENT
PSYCHOANALYTIC**

Mailing Address:

**THE DENVER INSTITUTE FOR
PSYCHOANALYSIS** Mail Stop F546
13001 E. 17th Place, Room E2327
Aurora, CO 80045
(303) 724-2666

Fax: (303) 724-2668

email: institute@denverpsychoanalytic.org

website: www.denverpsychoanalytic.org

Affiliates of the Department of Psychiatry
University of Colorado Denver, School of Medicine

(For Office Use)

Date Appl. Received:	_____
Appl. Fee Received:	_____
Ref. Received:	_____

License Received:	_____
Malpractice Ins.:	_____

Which program are you applying to?

Name in full _____

Birthdate (optional) _____ **Marital Status (Optional)** _____

Address: _____ **Preferred mailing address:** _____

Office: _____ **Telephone** _____
_____ **Fax** _____

Home: _____ **Telephone** _____
_____ **Email** _____

Present position _____

Citizenship _____ **If non-citizen, what is your present status and future plans regarding permanent residence and citizenship?**

Medical or Specialty Licensure (State & Date)

(Please provide a copy of license)

Specialty Board Certification (Date)

(Please provide copy of certification)

Malpractice Insurance (Name of company and expiration date. Please provide a copy of the page which indicates type and extent of coverage.)

PERSONAL THERAPY:

Psychotherapy: (Dates, therapists' names and addresses)

Psychoanalysis: (Dates, total # of hours, analysts' names and addresses) Note: We will not be contacting your analyst directly, but need this information for our records.

ACADEMIC TRAINING (Undergraduate, graduate, post-graduate, medical)

<u>School</u>	<u>Degree/Field</u>	<u>Dates</u>
_____	_____	From _____ to _____
_____	_____	From _____ to _____
_____	_____	From _____ to _____
_____	_____	From _____ to _____

INTERNSHIP, RESIDENCIES, POST GRADUATE & CLINICAL TRAINING (Include Fellowships, and clinical settings) Please provide names, addresses and dates.

EXPERIENCE (Medical and non-medical in current field of interest. Give dates and locations.)

CONTINUING EDUCATION CLINICAL EXPERIENCE AND TRAINING (Give courses, supervision and clinical placement)

CLINICAL TEACHING EXPERIENCE (Settings, position, duties, courses, supervision)

CURRENT FIELD OF INTEREST (Teaching, private practice, etc., date and locations)

PUBLICATIONS AND WRITINGS: (Please submit copies if possible – up to 5 articles)

RESEARCH INTEREST (Training and experience, past, present, future)

In addition, please enclose the following supplementary information:

- 1) Curriculum Vitae
- 2) Resume of your scientific background, including major areas of work and research
- 3) At least a two-page summary of a case* you've worked with in depth, describing the process of treatment, problems as they occurred and were dealt with, and transference and counter-transference issues. Please write this up as though you were telling a friend about an interesting clinical case.

(*Please note: If you are applying for adult training, this should be an adult patient. If you are applying for child/adolescent training, it should be a child or adolescent patient. If you are applying for the combined adult & child/adolescent training, two case write-ups are required, one adult case and one child or adolescent case.)

PATIENT INFORMATION: (Please list the average number of patients seen per week in each of the past 3 years spent in doing psychodynamic psychotherapy)

	Year	Dx/Problem	Once/wk.	Twice/wk.	3x/wk.
Adult	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
Adolescent	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
Child	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

PERSONAL AUTOBIOGRAPHY: Include relevant factors that show why you might have developed an interest in psychoanalysis and relevant factors from your personal life which were part of the evolution of your interests. (Please limit to 5 pages.)

PROFESSIONAL AUTOBIOGRAPHY: Please show how this interest in psychoanalysis evolved in your professional life. (Please limit to 5 pages.)

APPLICATION FOR PSYCHOANALYTIC TRAINING ELSEWHERE:

Institute _____ **Date** _____ **Outcome** _____

Institute _____ **Date** _____ **Outcome** _____

IF YOU ARE APPLYING FOR ADULT TRAINING ONLY, ARE YOU INTERESTED IN CHILD/ADOLESCENT PSYCHOANALYTIC TRAINING IN THE FUTURE? _____

FINANCING (Please outline your plan for financing your training. Do you expect to apply to our Loan Fund?)

REFERENCES: (Please give names and addresses of three persons to whom we can write who know your clinical work with patients.)

ATTESTATION STATEMENTS. Please initial you have read the following:

_____ I attest that this information provided by me is true and accurate.

_____ I understand my application could be denied if I have not been truthful.

_____ I understand I am obligated to update the Denver Institute for Psychoanalysis if my situation changes.

Signature _____ Date _____

- Please Enclose:**
- 1) \$300 application fee**
Check made payable to: The Denver Institute for Psychoanalysis.
 - 2) A transcript of your medical or graduate school record.**
 - 3) CV; Scientific Resume**
 - 4) Copy of medical or specialty license**
 - 5) Copy of certification**
 - 6) Copy of malpractice insurance coverage page**
 - 7) Copies of publications**
 - 8) Personal autobiography**
 - 9) Professional autobiography**
 - 10) Case summary (*or summaries if applying to combined programs)**

PLEASE NOTE: Admission and matriculation are two separate steps. Admission with recommendations for the candidate prior to matriculation are in the best interest of the candidate.

ADDENDUM:

MALPRACTICE AND ETHICS INFORMATION

- 1) **Have your clinical privileges ever been suspended or withdrawn?**
- 2) **Have any malpractice claims ever been made against you, including claims currently pending, or settled, and that have resulted in judgements against you?**
- 3) **Has your professional license ever been revoked, suspended, or had limitations put on it?**
- 4) **Within the past 5 years, have you ever resigned, been suspended or excluded from the staff of any hospital or professional organization because of problems related to the loss/restriction of privileges?**
- 5) **Has your DEA license ever been suspended or revoked?**
- 6) **Have you ever been denied professional liability insurance?**
- 7) **Have you ever been excluded or barred from participating in any health care plan, private or public?**

Please explain any "yes" answers in detail:

Signature

Date