

**THE CARTER-JENKINS CENTER**  
**Psychoanalytic Training Program**

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**APPLICATION FOR PSYCHOANALYTIC TRAINING**

Adult    Child/Adolescent    Child, Adolescent and Adult

**PERSONAL DATA**

Name \_\_\_\_\_ Date \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex (M/F) \_\_\_\_\_

Home Address \_\_\_\_\_ Work Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Fax Number \_\_\_\_\_ Email \_\_\_\_\_ Preferred Mailing Address   \_\_Home   \_\_ Office

Professional License Number \_\_\_\_\_ License Category \_\_\_\_\_

**EDUCATION AND QUALIFICATIONS**

Undergraduate: College \_\_\_\_\_

Major \_\_\_\_\_ Degree \_\_\_\_\_ Year Graduated \_\_\_\_\_

Graduate: Institution \_\_\_\_\_

Major \_\_\_\_\_ Degree \_\_\_\_\_ Year Graduated \_\_\_\_\_

Certifications (indicate type, date, and name of organization):

Previous Psychoanalytic Studies, if any:

Institution \_\_\_\_\_

Date of Attendance \_\_\_\_\_

(Please include list of courses completed, instructors, supervisors)

**PERSONAL PSYCHOANALYSIS OR PSYCHOTHERAPY, IF ANY:**

Name and address of therapist: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date started treatment: \_\_\_\_\_ Date ended treatment: \_\_\_\_\_ Number of sessions per week: \_\_\_\_\_

(If more than one analyst/therapist, please list requested information on another sheet)

**PROFESSIONAL AND OTHER WORK EXPERIENCE**

Please list your current work settings and give a brief characterization of your work duties.

**PRESENT APPLICATION**

Please comment on your long term professional goals and ask any questions about the training for which you have applied. Please include some details of your financial situation and how you would envisage financing the training, which involves a personal analysis. Would your acceptance face you with any difficulties?

## REFERENCES

Please list three individuals (other than your analyst/therapist or relatives) who know you well, either in private life or in professional work, one of whom should have known you for at least five years, and if possible, someone who is familiar with your present work. Please ask them to send the reference form to the Chairperson, Admissions Committee. The Admissions Committee may decide to contact your references for additional information about your work or your suitability to undertake psychoanalytic training.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

## AUTOBIOGRAPHICAL STATEMENT

Please submit a brief autobiographical summary (4-6 pages) in addition to the completed application form. This should be a statement which should include such things as: your personal and family background, schooling, interests/hobbies, current social situation and the development of your interest in psychoanalysis.

### Documentation to include with application:

- |                          |   |                          |                            |
|--------------------------|---|--------------------------|----------------------------|
| <input type="checkbox"/> | Official Graduate/Undergraduate Transcripts | <input type="checkbox"/> | Autobiographical Statement |
| <input type="checkbox"/> | Curriculum Vitae                            | <input type="checkbox"/> | Application Fee—\$250.00   |
| <input type="checkbox"/> | Copies of Degrees/Certifications            |                          |                            |
| <input type="checkbox"/> | Copy of Professional License                |                          |                            |
| <input type="checkbox"/> | Copy of Malpractice Liability Facesheet     |                          |                            |

Application Fee: Please enclose \$250 non-refundable application fee.

Payable To: The Carter-Jenkins Center (TPI)

Please fax (813) 908-2880 or send all correspondence and application materials to:

The Carter-Jenkins Center  
Psychoanalytic Institute  
1325 W. Fletcher Avenue  
Tampa, Florida 33612

I hereby certify that to the best of my knowledge the information contained in this application is correct and that to my knowledge there have never been any professional ethical charges against me.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date