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| logo_print | Telephone: (415) 563-5815  www.sfcp.org |
| **ELECTRONIC APPLICATION FOR ADMISSION**  **Child and Adolescent Psychoanalytic Psychotherapy**  **Training Program (CAPPTP)**  **2023-2025** | |

Child and Adolescent Psychoanalytic Psychotherapy Training Program

INFANCY AND EARLY CHILDHOOD - FIRST YEAR

Wednesdays, September 2023 - May 2024; 7:30pm-9:00pm

Psychoanalytically oriented treatment of children and adolescents make demands on the therapist that are different than treatment of adults. From infancy through adolescence, children are always on the threshold of experiencing their minds and bodies in new ways. How do we reach these inner worlds when they often cannot use words to tell us about their experience? Children often communicate through play, but some cannot play. The therapist has the task of bringing together the child's behaviors, and their own countertransference reactions, to try to arrive at the underlying meanings of the child's inner world.

The Child and Adolescent Psychoanalytic Psychotherapy Training Program (CAPPTP) is a two-year training program consisting of seminars that address the relational, environmental, and intra-psychic processes for both parent and child, and offers in-depth examples of interventions. The training program uses class discussion, readings, case presentations by instructors and participants, and individual clinical supervision to enrich and enliven clinical work and theoretical understanding.

Student participation in weekly individual supervision with experienced faculty is fundamental to the CAPPTP training experience. Each trainee completes at least 50-hours of supervision. This in-depth supervision focuses on individual growth by fostering each trainee’s unique skills and working through the specific challenges each trainee experiences in his or her clinical work as well as providing a place for clinical consultation and mentorship. CAPPTP supervision is not intended to provide caseload oversight but is focused solely on furthering each trainee’s education as a psychoanalytic psychotherapist. Supervisors are chosen from some of SFCP’s most experienced faculty at reduced fees. Supervision occurs in supervisors’ private offices. Supervision fees are separate from tuition and are determined on a case-by-case basis according to our sliding scale guidelines.

The upcoming year (Fall 2023) of this two-year program addresses infancy and early childhood. The following year, our program addresses school-age children, adolescents, and the integration between child and adult work. Both years will include a case conference seminar where students will have the opportunity to present and discuss a specific clinical case to the group. Attention will be paid to different theoretical orientations and to cultural and sexual diversity.

Benefits of enrollment include subscription to PEP-Web and Community Membership at SFCP. All students are also entitled to attend all child colloquia held at SFCP. The Child Analytic Program of the San Francisco Center for Psychoanalysis provides a free series of presentations demonstrating the scope of child psychoanalysis today. These events offer an opportunity to hear a range of ideas and participate in discussions contributing to enriching clinical work and theoretical training.

*Please Note:* This is a two-year commitment and students are required to complete 50 hours of supervision with a supervisor chosen from any Child and Adolescent Psychoanalytic Psychotherapy faculty. We will be offering an informational Open House in the Spring of 2023. Applications will be accepted for the September 2023 program.

**Submitting an application to CAPPTP**

Applicants to CAPPTP must submit this electronic application as well as supplemental materials and application fee requested below. **Applications will not be considered complete until all application materials and fees have been received by the SFCP Office**. We strongly recommend submitting your application as early as possible to ensure a place in next year's class. Qualified applicants who are not offered 2023 admission may be offered a position on the 2025 waiting list.

**How to apply**

Please complete this entire form in Microsoft Word and email it to [Tina.phu@sfcp.org](mailto:Tina.phu@sfcp.org). Answers should be typed into the grey boxes. Please note that these grey boxes will expand to accommodate answers of any length. In addition to this form, we request supporting documents which are described further below. After we receive a complete application, we will contact you to schedule an interview. If you have any difficulties downloading this application, please email [Tina.phu@sfcp.org](mailto:Tina.phu@sfcp.org).

**Your complete application, application fee, and ALL supporting documents including Letter of Reference must be *received* to be considered for Fall 2023.**

**We strongly recommend submitting your application as early as possible to ensure a place in next year's class.**

For questions regarding the application process, please contact Admissions Chair, Michael Pastor at [MichaelCPastor@gmail.com](mailto:MichaelCPastor@gmail.com).

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| CAPPTP ATTENDANCE COMMITMENT |
| The Admissions Committee is working to ensure that the group of students beginning classes in Fall 2023 will be committed to participating throughout the duration of the program, without departures or extended leaves of absence. Such commitment is critical to maintaining cohesive groups that are at the core of the CAPPTP learning experience. Further, consistent class attendance is crucial as groups develop a coherent body of clinical and theoretical material, as well as a group identity, that they build on together throughout the program.  *Because of the importance of group cohesion and stability to the educational experience, we would like you to consider whether — barring unforeseeable and unlikely circumstances — you can make a firm commitment to attend class consistently throughout the duration of the program to which you are accepted.* Examples of circumstances which have posed a challenge in the past include:  (1) professional responsibilities such as fellowships, demanding jobs, and call schedules; (2) time-consuming or unpredictable personal commitments; and (3) personal circumstances such as travel plans, planned leaves of absence, or a partner’s relocation away from the Bay Area. If you anticipate that these or similar circumstances may prevent you from beginning the program or from attending consistently throughout the program, we ask that you contact us to discuss your situation before you apply.  In the section below, please provide information about your situation, describing your degree of uncertainty and when you expect to know your plans more clearly. This will help determine whether you should apply to CAPPTP. Please be aware that if you are accepted to this program, you will be asked to make a commitment regarding attendance and to submit a non-refundable deposit on July 2, 2023 to secure a spot in the Fall 2023 class (see Cost of CAPPTP section for the full fee schedule). |

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| **PERSONAL INFORMATION** | | | |
| Name: | | | Degree: |
| Date of Application: | | | |
| Office address: | | | |
| Home Address: | | | |
| **Required contact information:**  Personal mobile number:  Personal email (not work): | | **Preferred Contact Information (if different):**  Telephone:  Email: | |
| Preferred Pronoun(s): | Date of birth: | | Age: |

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| **LICENSURE**  *Pre-licensed applicants may leave this blank, if licensed please provide the following information.* | |
| Professional License Number: | State: |
| Professional Liability Insurance: | |
| **Board Certification**  **(if applicable):** | Certifying board:  Date of certification: |

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| **Current Supervisors** |

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| 1) Who are your current supervisors? |  |
| 2) Please list past supervisors |  |
| 3) Please list past supervisors |  |

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| **EDUCATION AND TRAINING**  *Please include all undergraduate and graduate experience* | | | |
| Institution | Dates attended | Degree | Year |
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| **CLINICAL TRAINING PLACEMENTS**  *Please list all of the training placements (assistantships, internships, post-doctoral placements, medical residencies, fellowships, etc.) you have completed during the last seven years.* | | |
| Institution | Position | Dates |
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| **RELEVANT CLINICAL WORK EXPERIENCE**  *Briefly describe your clinical work experience. Include years in practice, clinical settings (e.g.: agency, hospital, private practice, etc.), average patient hours per week, and nature of practice (e.g., modality, frequency, type of patients, etc.)* | |
| (1) Work setting: | Dates: |
| Position/Description: | |
| (2) Work setting: | Dates: |
| Position/Description: | |
| (3) Work setting: | Dates: |
| Position/Description: | |
| (4) Work setting: | Dates: |
| Position/Description: | |
| (5) Work setting: | Dates: |
| Position/Description: | |

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| **TEACHING, RESEARCH, PUBLICATION, SUPERVISORY EXPERIENCE**  *If applicable, briefly describe.* |
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| **OTHER RELATED PROFESSIONAL EXPERIENCES**  *List classes, seminars, consultation, and other educational experiences in which you have participated outside of your formal training placements. Please specify if any of these have been of a psychoanalytic nature.* |
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| **PROFESSIONAL MEMBERSHIPS** |
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| **PSYCHOANALYSIS OR PSYCHOTHERAPY**  *If you are comfortable doing so, please provide additional information about your past and current treatments below. Although we are interested in this information, be assured that personal treatment is not a prerequisite for participation in CAPPTP.* | | | |
| Have you been in  psychoanalysis or  psychotherapy? | | | |
| Type of treatment  Note: Please do not provide names of psychotherapists or psychoanalysts you have seen. | Session frequency | Year treatment began | Year Treatment ended |
| (1) |  |  |  |
| (2) |  |  |  |
| (3) |  |  |  |

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| **PERSONAL STATEMENT**  In the space below,please tell us about yourself in any way that you think would be helpful, including your reasons for, and what you hope to achieve in, undertaking a training program in psychoanalytic psychotherapy. (Please offer a substantial response so that we may get to know you, but limit length to two pages.) |
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| **LETTER OF REFERENCE**  Someone familiar with your clinical work or training should email us a letter of reference directly. Please provide the name your reference below, including the context in which he or she knows your work and ask this individual to email the letter to [Tina.phu@sfcp.org](mailto:Tina.phu@sfcp.org). |
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| **ADDITIONAL INFORMATION**  In this optional section, please add anything else you would like the Admissions Committee to know in considering your application. |
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| **DECLARATION OF LEGAL AND ETHICAL STANDING** | | | |
| Has there ever been a complaint of ethical misconduct or unprofessional conduct brought against you that resulted in a determination of misconduct and ensuing sanction? | | | YES NO |
| Has there ever been a complaint or investigation of you concerning impairment? | | | YES NO |
| Have you ever been suspended from teaching or administrative functions in relation to a professional ethics or impairment issue? | | | YES NO |
| Has your membership in a professional or educational organization ever been suspended or terminated in relation to a professional ethics or impairment issue? | | | YES NO |
| Has there ever been a finding against you by a professional licensing board? | | | YES NO |
| If your answer to any of these questions is “Yes,” please explain at greater length: | | | |
| **SFCP COMMUNITY MEMBERSHIP ENROLLMENT**  Enrollment in CAPPTP automatically includes Community Membership in SFCP and waiver of the usual fee for this membership. (See SFCP website for Community Membership benefits.) Community Members are included in the printed and on-line member roster for SFCP.  Please fill out the following information, so that this page may be forwarded directly to Community Membership enrollment: | | | |
| Name: | | Profession/Degree: | |
| Address: | | | |
| Work | Telephone: | | |
| Fax: | | |
| Email: | | |
| Once enrolled in CAPPTP, your member information will be included in the SFCP roster and SFCP website unless you check the space below:  DO NOT include my information in the printed roster  DO NOT include my information in the on-line roster | | | |
| Other comments: | | | |

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| **APPLICATION FEE AND CREDIT CARD INFORMATION** |
| Please use a credit card (or a debit card with credit card functionality) to pay for the **$53 application fee** through the [online application fee form](https://sfcp.my.site.com/s/applicationfee).   |  |  | | --- | --- | |  | I have submitted the online application fee payment form on the following date:      . | | If you have concerns about the application fee or about provision of payment information, please  contact Michael Pastor at [MichaelCPastor@gmail.com](mailto:MichaelCPastor@gmail.com). | | |  | | |

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| **COST OF CAPPTP** |
| Please read the following information carefully so that you have accurate expectations regarding cost of the CAPPTP. Costs stated below are for the 2023-2025 program year. Supervision fees for CAPPTP students are separate.  If you accept an offer of admission to CAPPTP, you will be asked to choose between the following two scheduling options for tuition payment for the 2023-2025 program year:   1. **Lump Sum Tuition Payment Schedule**   **Charge Date Description** **Fee**  July 1, 2023 Deposit (non-refundable) $665  July 1, 2023 Optional IJP subscription (non-refundable) $55  August 14, 2023 Full tuition payment $1,330  **Total for Year** $2,050     1. **Installment Tuition Payment Schedule (requires a $53 installment fee as shown below)**   **Charge Date Description** **Fee**  July 1, 2023 Deposit (non-refundable) $665  July 1, 2023 Optional IJP subscription (non-refundable) $55  August 14, 2023 First half tuition $665  August 14, 2023 Installment Fee $53  January 23, 2024 Second half tuition $665  **Total for Year** $2,103  With your authorization, the credit card you provide in this application (or any updated credit card you may provide us in the future) will be charged according to the schedule you choose.  Please note that, if you are admitted to CAPPTP and self-identify as a Person of Color, you may apply for a credit of up to $1600 towards first-year tuition via the [Enrico Jones Fund for Equality and Excellence.](https://www.sfcp.org/enrico-jones-fund-for-equality-and-excellence/)  Additional Fees:  1. Please note that supervision fees are additional to tuition and are arranged individually between supervisor and supervisee. A list of CAPPTP supervisors will be provided, all of whom are committed to providing a reduced fee for students when needed.  2. With few exceptions assigned readings are available from the online databases PEP Web or EZ-Proxy, access to which are included in tuition fees. There may be a small fee for readings not available through PEP Web or EZ-Proxy.  3. CME/CE credits are available for an additional separate fee from tuition.  If you have concerns about this tuition payment schedule or other financial aspects of the program, please contact Michael Pastor at [MichaelCPastor@gmail.com](mailto:MichaelCPastor@gmail.com).  **I have read and understood this information regarding cost** |

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| **APPLICATION INSTRUCTIONS AND CHECKLIST** | |
| We strongly recommend submitting your application as early as possible to ensure a place in next year's class.  Please complete this application checklist: | |
| This Microsoft Word file, with all sections complete, sent as an email attachment to <Tina.phu@sfcp.org> | submitted |
| Letter of reference (must be received by application deadline) | requested |
| A curriculum vitae | submitted |
| A copy of your California professional license (if applicable) | submitted N/A |
| A copy of your professional liability insurance policy (if self-insured)  (If you are insured by your organization / residency, please submit evidence of this) | submitted N/A |
| \*\***Please send in the application and all of your supporting documents via email in electronic form**. In some cases, this will require you to scan or photograph your document and email the files or images to [Tina.phu@sfcp.org](mailto:Tina.phu@sfcp.org). If you are having difficulty converting your documents to electronic form for email, please contact the SFCP Office at (415) 563-5815 for assistance. | |
| If you do not receive acknowledgment that we have received your application within one week of submission, please contact the SFCP Office at (415) 563-5815 ext 106 or at [Tina.phu@sfcp.org](mailto:Tina.phu@sfcp.org). | |

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| **We are trying to figure out best ways to reach out to interested clinicians in our community.**  **PLEASE CHECK ALL SOURCES THAT INFLUENCED YOUR DECISION TO APPLY TO CAPPTP** | |
| Recommendation from a CAPPTP student  Recommendation from an instructor at your training site  Paper brochure distributed by instructor  Paper brochure received by US mail  Google Search | Email from SFCP  Recommendation from a supervisor  Outreach event at training site |
| Other (please feel free to type in box below) |

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| **DEMOGRAPHIC INFORMATION**  SFCP values diversity in our training programs. We would appreciate you completing this [SFCP Demographic Survey for Applicants](https://docs.google.com/forms/d/e/1FAIpQLSeAGr8Coakg1cTumfJ2XqObjtgE9lO_epYgiJKiXk4X9VVo8A/viewform) for the purposes of tracking demographic information in our applicants and enrollees. Your responses are NOT linked to your application, and will remain completely **ANONYMOUS.** |

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| **SIGNATURE**  By entering your name and the date below, you acknowledge that all information in this application is true and accurate to the best of your knowledge. Electronic submission of this form by email is equivalent to your handwritten signature. | |
| Signature: | Date: |

For questions regarding the application process, please contact Admissions Chair, Michael Pastor at MichaelCPastor@gmail.com