|  |  |
| --- | --- |
| A close up of a logo  Description generated with very high confidence**Phone: (415) 563-5815****Fax: (415) 857-7596****E-mail:** **office@sfcp.org****Web site:** [**http://www.sfcp.org**](http://www.sfcp.org) |  |
| **2023-25 TWO YEAR PROGRAM Application** **Palo Alto Psychoanalytic Psychotherapy Training Program (PAPPTP)** |

**Offered** in person and with the option of attending via Zoom (“hybrid classroom”) at the Psychiatry Building, Stanford Medical Center, 401 Quarry Road, Stanford, CA.

**Class schedule:** Year I meetings are on **Fridays, 8:30 a.m. to 11:50 a.m.**, from September 29, 2023, to May 24, 2024. (The dates for Year II (2024-25) will be determined later.)

**Fees:** The application fee $53 (refundable if not accepted). The tuition is $2747 for the 2023-24 academic year and approximately 3% higher for the 2022-23 academic year.[[1]](#footnote-1) [[2]](#footnote-2) [[3]](#footnote-3)

1. **Submitting this application:** Applications will be accepted from January 15 to June 30, 2023, for the Class of 2023-25. *Applications will be considered completed when this application form and all supporting documents have been received*. Completed applications will be considered in the order received. Class size is limited to a maximum of 10 students. In recent years, there have been more applicants than positions, so it is best not to delay.
2. **By the start of classes, you must be a professional licensed in California or registered with the State as an “Associate” (MFT and Social Work trainees), “Assistant” (psychology trainees), or “Licensed Postgraduate Trainee” (psychiatry residents).**

**How to apply**

1. Please complete this entire form in *Microsoft Word*. Type your answers in the grey boxes. (This form will expand to accommodate answers of any length.)
2. When you finish, use the “Save As” command to rename this file by adding your name to the beginning of the file name, i.e., ***Your\_Name PAPPTP Two Year Program Application.docx****.*
3. Then email this file to these five people (cut and paste these addresses): tina.phu@sfcp.org; denajsaorbo@gmail.com; nbrast@pacbell.net); meruffellmd@gmail.com; tstlorant@gmail.com
	1. Tina Phu is SFCP Education Program Coordinator.
	2. Dena Sorbo is PAPPTP Admissions Chair.
	3. Neil Brast, Maureen Ruffell, and Tina St. Lorant are PAPPTP Program Co-Chairs.
4. Please use a credit card or debit card to pay for **the $53 application** fee through the [online application fee form](https://sfcp.force.com/s/applicationfee) or (payable to SFCP) to **Tina Phu** at **SFCP**, **440 Natoma Street, San Francisco, CA 94103**
5. In addition to this form, we request supporting documents described below in this application.

|  |
| --- |
| **PERSONAL INFORMATION**  |
| Name:  | Degree:  |
| Office address:  |
| Home Address:  |
| Preferred telephone:  | [ ]  Home [ ]  Work [ ]  Cell |
| Second telephone:  | [ ]  Home [ ]  Work [ ]  Cell |
| Third telephone:  | [ ]  Home [ ]  Work [ ]  Cell |
| Preferred email:  |
| Gender: [ ]  **F** [ ]  **M** [ ]  **X** | Date of birth:  | Age:  | Social Security #:  |
| Preferred personal pronouns:  |
|  |
| REQUIRED LICENSURE / REGISTRATION: Please attach a copy of your state license or registration certificate. (Your application cannot be processed without this.) |
| California Professional License Number:   |
| **IF YOU ARE NOT LICENSED, YOU MUST BE REGISTED WITH THE STATE OF CALIFORNIA as a trainee.** |
| Registration Number  | [ ]  Associate (MFT trainee)[ ]  Associate (Social Work trainee)[ ]  Assistant (Psychology Trainee)[ ]  Postgraduate Training License (Residents) |
| Additional information or comment:  |
| **EDUCATION AND TRAINING***Please include all undergraduate and graduate experience* |
| Institution | Dates attended | Degree | Year |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **RESIDENCIES AND TRAINING PLACEMENTS***If you are a psychiatrist, please list your residency. Other applicants should list psychological assistantships and other pre- and post- degree training placements completed within the last seven years.* |
| Institution | Position | Dates |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **RELEVANT WORK EXPERIENCE***Briefly describe clinical work experience. Include years in practice, clinical settings (e.g.: agency, hospital, private practice, etc.), average patient hours per week, nature of practice: frequency, type of patient, 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:  |
| **TEACHING, RESEARCH, PUBLICATION, SUPERVISORY EXPERIENCE***If applicable, briefly describe.*  |
|  |
| **OTHER RELATED PROFESSIONAL EXPERIENCES***List classes, seminars, consultations, and other educational experiences in which you have participated. Please specify if any of these have been of a psychoanalytic nature.*  |
|  |

|  |
| --- |
| **PROFESSIONAL MEMBERSHIPS** |
|  |

|  |
| --- |
| **PERSONAL PSYCHOANALYSIS OR PSYCHOTHERAPY**Since psychoanalytic psychotherapy involves an awareness of personal reactions to the patient, we are interested in knowing if you have had any experience of your own in psychotherapy or psychoanalysis. Although personal treatment is not a prerequisite for PAPPTP or a requirement during training, we highly recommended it as part of your development as a therapist. (You may choose to skip this question if you do not feel comfortable answering it.) |
| Have you been in [ ] psychoanalysis or [ ]  psychotherapy?Comments:  |

|  |
| --- |
| **PERSONAL STATEMENT**In the space below,please tell us about yourself in any way that you think would be helpful, including your reasons for undertaking a program in psychoanalytic psychotherapy and what you hope to achieve. (Please limit remarks to two pages.) |
|  |
| **LETTERS OF REFERENCE**Please ask two people who know your work to write reference letters for you and inform them that we will be getting in touch with them. Please list them with their titles, contact information, and the nature of your connection to them. |
| (1)  |
| (2)  |

|  |
| --- |
| **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. |

|  |
| --- |
| **ADDITIONAL INFORMATION**In this optional section, please add anything else you would like the Admissions Committee to know in considering your application. |
|   |
|  |
| **ETHICS ATTESTATION** |
| The San Francisco Center for Psychoanalysis (SFCP) adheres to the Principles and Standards of Ethics for Psychoanalysts of the American Psychoanalytic Association (“APsaA”) (available at [www.apsa.org](http://www.apsa.org/)) and the Guidelines of the Ethics & Impairment Committee of SFCP (available at [www.sfcp.org](http://www.sfcp.org)).1. I confirm that I have been provided access to these documents (hard copies are available upon request), have been advised to read them, and agree to abide by them.
2. As part of the application process, I give permission to SFCP to make inquiry for purposes of verification to the various professional organizations and licensing boards holding information pertinent to my professional qualifications, competence, or history of conduct as a professional. I understand that this inquiry will be performed in good faith by the SFCP committee responsible for the consideration of this application in consultation with the co-chairs of the SFCP Ethics and Impairment Committee. (For example, inquiry about status of your license, information from that licensing agency that is part of the public record, or inquiry to verify your faculty status at another professional organization).
 |
| 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 which has resulted in a determination of impairment and ensuing sanction? | [ ]  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:  |
| **PERSONAL PSYCHOANALYSIS OR PSYCHOTHERAPY**Since psychoanalytic psychotherapy involves an awareness of personal reactions to the patient, we are interested in knowing if you have had any experience of your own in psychotherapy or psychoanalysis. Although personal treatment is not a prerequisite for PAPPTP or a requirement during training, we highly recommended it as part of your development as a therapist. (You may choose to skip this question if you do not feel comfortable answering it.) |
| Have you been in [ ] psychoanalysis or [ ]  psychotherapy?Comments:  |
|  |
| **SIGNATURE**By entering your name and the date below, you acknowledge that the information in the above sections 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:  |

|  |
| --- |
| **SFCP COMMUNITY MEMBERSHIP ENROLLMENT**Enrollment in the *Palo Alto* *Psychoanalytic Psychotherapy Training Program* includes Community Membership in SFCP. (See SFCP website for community membership benefits.) Community Members are included in the printed and on-line SFCP member roster. 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 *PAPPTP*, your member information will be included in the SFCP roster and SFCP website unless you check below: [ ]  DO NOT include my information in the printed roster[ ]  DO NOT include my information in the on-line roster |
| Other comments:  |

|  |
| --- |
| **INFORMATION FOR THE PAPPTP STUDENT ROSTER:** For each group of students we compile a brief professional profile (current licensure, current work situation, educational background, and anything additional you would like your colleagues to know about you, such as how your interest in psychoanalytic ideas developed.) What would you like to add about yourself (up to 4 sentences)? (Please be advised that this will be available on the internet through the SFCP Newsletter.)      |
|  |
|  |
| **YOUR PICTURE:** *We like to include pictures in the student roster to help faculty recognize students more quickly. Please paste an image (JPG, TIF, PNG, GIF, etc.) of yourself in the space to the right for inclusion in the student roster. (If you do not submit a picture, we will attempt to harvest one from the internet.)* | http://www.urockgamers.org/images/misc/avatar.png |
| **APPLICATION INSTRUCTIONS AND CHECKLIST** |
| **To complete this application, the following should be sent to SFCP**: |
| This entire application, including this checklist.  | [ ]  submitted  |
| Letter of reference #1  | [ ]  requested [ ]  received |
| Letter of reference #2  | [ ]  requested [ ]  received |
| A curriculum vitae (if you have one) | [ ]  submitted [ ]  N/A |
| A copy of your California professional license | [ ]  submitted [ ]  N/A |
| A copy of your professional liability insurance policy  | [ ]  submitted [ ]  N/A |
| $50 application fee  | [ ]  submitted |
| If possible, email supporting documents that have been scanned or obtained in electronic form to:* + 1. **Tina Phu at** **tina.phu@sfcp.org****, and**
		2. **Dena Sorbo at** **denajsaorbo@gmail.com**

Any documents that cannot be submitted electronically may be mailed to:**Tina Phu****Education Program Coordinator****San Francisco Center for Psychoanalysis****444 Natoma Street****San Francisco, CA 94103** |
| If you do not receive acknowledgment that we have received your application within two weeks of submission, please contact Tina Phu at Phone: (415) 563-5815 ext. 106, or tina.phu@sfcp.org |

For questions about filling out this form, please contact Neil Brast, M.D. at (650) 493-4900, nbrast@pacbell.net.

For questions about the application process in general, please contact Dena Sorbo, L.C.S.W. at (650) 948-8335, denajsaorbo@gmail.com.

For other program questions, please contact one of the Program Co-Chairs:

1. Maureen Ruffell MD at (650) 329-8834, meruffellmd@gmail.com;
2. Neil Brast MD at (650) 493-4900, nbrast@pacbell.net.
3. Tina St. Lorant, LMFT at (408) 236-2070, tstlorant@gmail.com.

**Thank you for applying to PAPPTP. We look forward to meeting you.**

**The PAPPTP Admissions Committee**

1. SFCP Refund Policy: no refund of application fees; no refund for classes in progress; pro-rated refund of tuition for classes not begun. [↑](#footnote-ref-1)
2. Additional costs include fees for consultation on your cases, course readers for otherwise unavailable literature, $20 per CEU when available, and parking fees when we meet at the Stanford Psychiatry Building. [↑](#footnote-ref-2)
3. Perks will include access to PEP-Web, EZproxy, and Community Membership in the San Francisco Center for Psychoanalysis. [↑](#footnote-ref-3)