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| 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**](mailto:office@sfcp.org)  **Web site:** [**http://www.sfcp.org**](http://www.sfcp.org) |  |
| **2023-24 FELLOWSHIP YEAR 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:** Meetings are on **Fridays, 10:30 a.m. to 11:50 a.m.**, from October 2023 to March 2024, in three segments of seven weeks each, as follows:

Segment 1: October 6, 13, 20, 27; and November 3, 10, 17.

Segment 2: December 1, 8, 15; and January 5, 12, 18, 26.

Segment 3: February 2, 9, 16, 23; and March 1, 18, 15.

**Fees:** There is no tuition or registration fee for this program.

**Requirements:**

1. 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).
2. You must commit to attending as many sessions as you can and notifying the instructor in advance when you cannot.

**Applications** will be accepted from January 15 to June 30, 2023, for the 2023-24 Fellowship Year. *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 12 students. In recent years, there have been more applicants than positions, so it is best not to delay.

**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](mailto:tina.phu@sfcp.org); dsorbo@comcast.net; [nbrast@pacbell.net](mailto:nbrast@pacbell.net)); [meruffellmd@gmail.com](mailto: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.

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| **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: | | | | | | | | | | | |
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| **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 | |
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| **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 | | |
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| **CURRENT WORK SETTING:** *Briefly describe clinical work setting, (e.g., agency, hospital, private practice, etc.), average patient hours per week, etc.* |
| Work setting: |
| Position/Description: |

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| **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 may 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 | | |
| **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.sf-cp.org](http://www.sf-cp.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: | | |
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| |  |  |  | | --- | --- | --- | | **ADDITIONAL INFORMATION:** Please add anything else you would like the Admissions Committee to know in considering your registration. | | | |  | | | |  | | | | **SIGNATURE:** By entering your name and the date below, you acknowledge that the information in 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: |  | | | | | |

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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****.* |

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

For questions about the application process in general, please contact Dena Sorbo, L.C.S.W. at (650) 948-8335, [dsorbo@comcast.net](mailto:dsorbo@comcast.net) .

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

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

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

**The PAPPTP Admissions Committee**