 www.sfcp.org

A training institute of the American Psychoanalytic Association

**APPLICATION FOR PSYCHOANALYTIC TRAINING**

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| **FILLING OUT THIS APPLICATION** |
| The Admissions Committee strives to make application for admission to psychoanalytic training as straightforward as possible. Please feel free to contact one of our Admissions Co-Chairs, Maureen Ruffell, MD ([meruffellmd@alumni.tufts.edu](mailto:maureen%20Ruffell%20%3Cmeruffellmd%40alumni.tufts.edu%3E)) or Dena Sorbo, LCSW ([dena.sorbo@gmail.com](mailto:dena.sorbo@gmail.com)), with any questions about the application process. If administrative procedures are unclear at any point, please email our Education Program Coordinator Tina Phu ([tina.phu@sfcp.org](mailto:tina.phu@sfcp.org)).  Our Outreach Chair Adam Goldyne, MD ([adamgoldynemd@gmail.com](mailto:adamgoldynemd@gmail.com)) also welcomes you to contact him to confidentially discuss the logistics of training and any questions about the application process itself.  Prior to filling out this application, please carefully review **ALL** sections on the [Psychoanalytic Training Program](https://www.sfcp.org/ped/) section of the SFCP website, and please reach out with any questions.  To fill out this Microsoft Word document, please type answers into the gray boxes in each section. Each gray box will expand to accommodate as much text as you wish to enter. **Please save this document frequently as you fill it out**.  Please note that, because of the personal nature of this application, it will be shared only with your interviewers and with SFCP Admissions Committee members. |

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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: | |
| Pronouns: | Date of birth: | |

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| **NATURE OF APPLICATION**  *Please check one of the boxes below to indicate the nature of this application.* |
| I am a California-licensed mental health clinician applying to begin adult psychoanalytic training only.  I am a California-licensed mental health clinician applying to begin child and adolescent psychoanalytic training only.  I am a California-licensed mental health clinician applying to begin adult and child and adolescent psychoanalytic training simultaneously.  I am seeking transfer to SFCP from an APsaA Institute  I have a mental health license that is valid for clinical practice in the state of California  I am requesting credit for my prior Institute experience  I am not requesting credit for my prior Institute experience  I am seeking transfer to SFCP from an IPA Institute  I have a mental health license that is valid for clinical practice in the state of California  I am requesting credit for my prior Institute experience  I am not requesting credit for my prior Institute experience |

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| **EDUCATION AND TRAINING**  *Please include all undergraduate and graduate experience. If you completed a thesis or dissertation, please provide its title and abstract, either by pasting them below or by submitting them alongside your application.* | | | |
| Institution, City, State, Country  (Title and abstract of thesis/dissertation if applicable) | Dates attended | Degrees and Honors | Year |
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| **PSYCHOANALYTIC PSYCHOTHERAPY TRAINING**  *Have you attended psychoanalytic psychotherapy training programs through SFCP, such as the Palo Alto Psychoanalytic Psychotherapy Training Program (PAPPTP), the San Francisco Psychoanalytic Psychotherapy Training Program (SF-PPTP), the Child and Adolescent Psychoanalytic Psychotherapy Training Program (CAPPTP) or an equivalent at another institution? If so please specify (a) the program(s) attended, (b) your dates of attendance, and (c) your date of graduation if applicable.* |
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| **PREVIOUS PSYCHOANALYTIC TRAINING**  *If you have been in psychoanalytic training elsewhere, please identify the name of each institution and the dates attended.*  *If you wish to transfer to SFCP and are seeking credit for training at another institution, please send us a transcript from that institution that details (a) the seminars and courses you took; (b) the dates and number of weeks of each course; (c) the number of weeks of supervised psychoanalysis you have completed, including both supervisions you have completed and supervisions you have ongoing at this time; and (d) the number of hours of personal training analysis you have completed.* |
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| **OTHER RELATED PROFESSIONAL EXPERIENCES**  *List classes, seminars, consultations, 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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| **RESEARCH AND TEACHING**  *Please list dates, institutions, and positions held.* |
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| **PUBLICATIONS**  *Please list any publications below. In addition, please attach any publications you would like us to consider when you email your application.* |
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| **LICENSURE** | |
| California Professional License Number: | |
| Professional Liability Insurance: | |
| **Board Certification**  **(if applicable):** | Certifying board:  Date of certification: |

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| **RELEVANT CLINICAL WORK EXPERIENCE**  *Please describe clinical positions you have held. Include years in practice, clinical settings (e.g., agency, hospital, private practice, etc.), average patient hours per week, the nature of practice (e.g., modality, frequency, type of patients, etc.), and the license or certificate under which you were practicing.* | |
| (1) Work setting: | Dates: |
| Position/Description: | |
| (2) Work setting: | Dates: |
| Position/Description: | |
| (3) Work setting: | Dates: |
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| Position/Description: | |
| (4) Work setting: | Dates: |
| Position/Description: | |
| (5) Work setting: | Dates: |
| Position/Description: | |

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| **PRIOR PSYCHOANALYTIC PSYCHOTHERAPY OR PSYCHOANALYSIS**  *If you have been in a psychoanalytic psychotherapy or a psychoanalysis, please provide dates of each treatment with each therapist or analyst you have seen. For each, specify the number of times per week you met, and whether or not you used the couch. Please do not provide the names of your therapist or analyst.* | | | |
| **Treatment Dates** | **Modality** | **Frequency Per Week** | **Use of couch?** |
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| **AUTOBIOGRAPHY**  *Please write an autobiography of between three and six pages, sharing what you feel are the most significant parts of your history from your early life to the present, as well as ways in which you have come to understand yourself and your emotional life. Our goal is to learn as much as possible about you as a person.* |
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| **WORK WITH CHILDREN**  *If you are applying to the Child Psychoanalytic Training Program, please provide a brief outline or narrative of your clinical experience with children and adolescents.* |
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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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| **LETTERS OF RECOMMENDATION**  *Please provide three to four references from whom we may request letters of recommendation.  At least two of these references must know your clinical work well and be able to comment on it (e.g., by having been your clinical supervisor), and at least one must be able to comment on your participation in a group setting, such as a class, a consultation group, or staff meetings (e.g., by having been your instructor or colleague in a group).    If you have been in clinical supervision as part of a psychoanalytic psychotherapy training program at SFCP — such as the Palo Alto Psychoanalytic Psychotherapy Training Program (PAPPTP), the San Francisco Psychoanalytic Psychotherapy Training Program (SF-PPTP), or the Child and Adolescent Psychoanalytic Psychotherapy Training Program (CAPPTP) — or an equivalent at another institution, your list of references should include at least one of your clinical supervisors from this training.* | | |
| Name | Email Address | Mailing Address |
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| **SFCP CENTER-WIDE POLICIES**  **All applicants and enrollees in SFCP agree to submit an Ethics Attestation and abide by the SFCP Center-wide policies regarding nondiscrimination, disabilities, confidentiality, and hybrid learning. Please confirm each of these below:** |

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| **SFCP NONDISCRIMINATION POLICY** |
| The San Francisco Center for Psychoanalysis accepts persons of any race, color, national origin, ethnic origin, religion, gender identification, sexual orientation, and persons with disabilities to all the rights, privileges, programs, and activities generally accorded or made available to individuals at the Center. It does not discriminate on the basis of race, color, national origin, ethnic origin, religion, gender identification, sexual orientation, or persons with disabilities in administration of its educational policies, admissions policies, scholarship programs, and other programs administered by the Center.  I have read and agree to abide by this policy. |

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| **SFCP POLICY ON ACCOMMODATION OF PERSONS WITH DISABILITIES** |
| The San Francisco Center for Psychoanalysis is committed to providing equal educational opportunities to persons with disabilities. The Center will make accommodations to allow individuals to participate in the Center’s programs, unless such accommodations would impose an undue hardship on the Center or fundamentally alter the nature of the Center’s educational program. Each accommodation request will be handled on a case-by-case basis. Individuals seeking an accommodation should contact the Administrative Director. In order for the Center to evaluate the request for accommodation, the individual requesting accommodation may be required to provide information from a health care provider concerning the need for accommodation. Such information will be kept confidential.    I have read and agree to abide by this policy if I matriculate. |

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| **SFCP CONFIDENTIALITY POLICY** |
| All participants in SFCP programs commit to upholding the confidentiality of any clinical material discussed, including a commitment not to reference any clinical vignettes or clinical process material outside the classroom, even in disguised form. In addition, any process notes used in case conference (in print or electronic form) will be destroyed or returned to the presenter immediately following the case presentation.  I have read and agree to abide by this policy if I matriculate. |

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| **SFCP HYBRID LEARNING POLICY** |
| Please review SFCP’s current policies and procedures for Hybrid Learning, available [at this link](https://docs.google.com/document/d/16dTEl-Lm2TXeonQeCO-kxPXjB9CAwF1fJQtQMx_z8sk/edit?usp=sharing). Though candidates will attend classes in person, there will be occasions where an individual may need to participate remotely (e.g., quarantine due to illness, etc). In these instances, the Hybrid Learning policies will apply.    I have read and agree to abide by this policy if I matriculate. |

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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: | | |
| **DEMOGRAPHIC INFORMATION** | | |
| **SFCP values diversity in our training programs. We would appreciate you completing this** [**SFCP Demographic Survey for Applicants**](https://forms.gle/zcfvoLLKkaJPRak57) **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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| **APPLICATION FEE - ONLINE PAYMENT FORM** |
| Please submit your **$325 non-refundable application fee** and complete the date of payment box below.   |  |  | | --- | --- | |  | I have submitted payment using the [online application fee payment form](https://sfcp.my.site.com/s/applicationfee) on the following:      . | |

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| **APPLICATION CHECKLIST** | | |
| \*\*Applications are considered complete only once SFCP has received all items on this checklist,  including the detachable form below the Signature box \*\*  We prefer that you SAVE and then email this application to Tina Phu ([tina.phu@sfcp.org](mailto:tina.phu@sfcp.org)), and that you send supplemental materials as email attachments. In some cases, this will require you to scan or photograph documents and email the files or images. If you are having difficulty converting your documents to electronic form for email, please contact Tina Phu ([tina.phu@sfcp.org](mailto:tina.phu@sfcp.org)) for assistance.  Please complete this application checklist: | | |
| This Microsoft Word file, with all sections complete | sending via email | |
| Detachable form (included at the BOTTOM of this Microsoft Word file) confirming you will begin/ have begun a personal psychoanalysis at 3x/week or more with an SFCP-approved Training Analyst by May 31 of the year you are beginning classes    A copy of your California professional mental health license  A copy of your current Professional liability insurance  A copy of you Curriculum Vitae (CV)  Any publications you would like to considered alongside your application | | sending via email    sending via email  sending via email  sending via email  sending via email  N/A |
| If applicable, records from a psychoanalytic training program from which you are transferring and for which you seek credit towards training at SFCP | sending via email  N/A | |
| Anonymous Demographic Survey above (survey not linked to your application)  If you do not receive acknowledgement that we have received your application within one week of submission, please email Tina Phu ([tina.phu@sfcp.org](mailto:tina.phu@sfcp.org)) in the SFCP Office. | completed | |
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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: |

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| **PSYCHOANALYSIS DURING TRAINING**  ***Applicants wishing to begin training in Fall of 2024 must be in a personal psychoanalysis with an SFCP-approved Training Analyst – meeting at a frequency of 3x/week or more – by May of 2024*** *(even if the application process is not yet complete)****.*** Anyone applying to psychoanalytic training is encouraged to begin a personal psychoanalysis as soon as possible if you have not already done so, as it can take some time to locate and arrange a workable schedule with an SFCP-approved Training Analyst. Please review the [Psychoanalytic Training Program](https://www.sfcp.org/ped/) section of the SFCP website for more information.  In accordance with SFCP’s commitment to making psychoanalytic training more affordable and accessible to individuals affected by race-based and class-based systemic inequities, SFCP is now offering **Affordable Training Analysis and Supervision for Equity & Diversity** to help cover costs of analytic training for BIPOC candidates and candidates with financial need who are enrolled in the SFCP Analytic Training Program or have accepted an offer of admission for the upcoming year. To learn more, please see a more detailed description of the Affordable Training Analysis and Supervision Program on the [SFCP Website](https://www.sfcp.org/ped-affordable-training-analysis-supervision/) or contact Supervising Analyst Committee Chair, Holly Gordon ([hollygordon4@gmail.com](mailto:hollygordon4@gmail.com)) or Training Analyst Chair Michael Donner ([mbds@sbcglobal.net](mailto:mbds@sbcglobal.net))with any questions. |
| **Note:** This section will be detached from your application, and this information will NOT be part of your application process or known to your interviewers unless you choose to disclose it. It will be treated confidentially and viewed only by the PED Chair Beth Steinberg, who is available to discuss your options.  **Please check all of the following boxes that apply, and please complete the information requested under each box that you check:**  I am NOT currently in a personal psychotherapy/psychoanalysis that I plan to continue during training, but I understand that I will need to be in a personal psychoanalysis with an SFCP-approved Training Analyst at a minimum frequency of 3x/week, by May 2024 for consideration for matriculation in Fall 2024.  I am currently in a personal psychotherapy/psychoanalysis that I would like to continue during training if accepted. If YES, please complete information below:   * Name of your current analyst/therapist: * Are you meeting with your current analyst/therapist at a frequency of three or more times per week?   Yes  No, but I understand that I will need to be meeting at a frequency of three or more times per week by May 2024 if I am accepted into psychoanalytic training and wish to start classes in Fall 2024.   * Is your analyst/therapist on this list of [SFCP Directory of Training Analysts](https://www.sfcp.org/ped-training-analysts/)[?](https://www.sfcp.org/s/ped-ta-list)   Yes  No, and **I have contacted Training Analyst Chair Michael Donner** ([mbds@sbcglobal.net](mailto:mbds@sbcglobal.net)) to begin one of the following processes:  My current analyst is applying to become an SFCP Training Analyst  I have submitted an application to obtain a Waiver to continue treatment with my current analyst during my psychoanalytic training. |