Berkshire Psychoanalytic Institute

P.O. BOX 877
Stockbridge, MA 01262

Application for Admission to the Psychoanalytic Psychotherapy Training Program

Date_____

Name_____Degree_____
              Last   First   Middle

Present Mailing/Office Address_____
                                       Number & Street

_____ Telephone _____
      City   State   Zip Code

Home Address _____
                              Number & Street

_____ Telephone _____
      City   State   Zip Code

E-mail address _____

Date of Birth _____

Current Position _____

Please describe your current practice (or academic work for scholar applicants), private and/or as part of an institution, including models of work (focus/specializations):

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PROFESSION	LICENSE NUMBER	STATE	YEARS ACTIVE

As part of this application, please submit the following:

1) Two references from supervisors of clinical work. Please ask these two people to write letters to the Admissions Chair (Scholar applicants, please request the same from advisors/mentors of scholarly work).

2) A personal statement explaining your reasons for seeking psychoanalytic psychotherapy training (500 -1000 words, recommended).

3) Copy of front page of malpractice insurance policy (including coverages and dates of coverage, not applicable to scholar applicants)

4) Curriculum Vitae

I _____ , do hereby certify that all answers on this application are true. I hereby give permission to The Berkshire Psychoanalytic Institute to make inquiries about me, in connection with this application, to any and all of the institutions, their officers, and supervisors referred to in this application. I release the Berkshire Psychoanalytic Institute, its officials, faculty, employees and agents from any and all liability in connection with the acquisition and use of such information. I hereby waive my right to examine letters of reference, recommendations, comments or opinions from any of my references, supervisors, or other sources named in my application to you.

Signature: _____   Date: _____

I, _____ , do hereby agree to maintain professional liability and malpractice insurance for my field of mental health clinical practice while I am enrolled in the Psychoanalytic Psychotherapy Training Program at The Berkshire Psychoanalytic Institute.

Signature: _____   Date: _____

PLEASE RETURN THE COMPLETED APPLICATION TO:

Anne Wild-Rocheleau, Ph.D., Admissions Chair
The Berkshire Psychoanalytic Institute
P.O. Box 877
Stockbridge, MA 01262