2016-2017

APPLICATION FOR ADMISSION
TO THE CHILD ANALYTIC TRAINING PROGRAM
OF
THE BOSTON PSYCHOANALYTIC INSTITUTE

141 HERRICK ROAD, NEWTON CENTRE, MA 02459
Telephone:  617.266.0953
Fax:  857.255.3253
Email: office@bpsi.org

DATE RECEIVED________________________

FEE RECEIVED ___________ BY _________

APPROVED BY _________________________
The Boston Psychoanalytic Society and Institute
Application for Child and Adolescent Psychoanalytic Training

NAME IN FULL
___________________________________________________________________________________

ADDRESS: (Please Check Preferred Mailing Address)
Office:
___________________________________________________________________________________
Telephone Number:________________________________

Email:________________________________ Fax:________________________________

Home:
___________________________________________________________________________________
Telephone Number:________________________________

Email:________________________________ Fax:________________________________

PLEASE ENCLOSE THE FOLLOWING: 1) Curriculum Vitae (please include a detailed description of your child and adolescent training experience including courses taken, clinical rotations, psychotherapy experience and supervision); 2) Detailed description of current child caseload specifying age, gender, diagnoses, frequency of visits and dates of treatment 3) List of courses taken in your adult analytic training program; 4) Brief (approximately one page) description of each of your adult analytic supervised cases.

MEDICAL DEGREE, DOCTORAL DEGREE, SOCIAL WORK DEGREE, SPECIFYING AREA: (school and date):

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

__________________________________________

ANALYTIC TRAINING: (Please include full names and addresses of supervisors with dates of supervision for your adult cases. Letters of evaluation will be sought from these persons.)

___________________________________________________________________________________

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___________________________________________________________________________________
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LETTERS OF EVALUATION: (Please note that at least three letters of evaluation from psychoanalytic or analytically oriented supervisors are required, at least one of which must be from a supervisor familiar with the applicant's child and adolescent work. Please supplement as necessary the information provided above, including full names and addresses of supervisors. Letters of evaluation will be sought from these persons.)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

LICENSURE (State and Date)

________________________________________________________________________

MALPRACTICE INSURANCE - REQUIRED – INDICATE CURRENT COVERAGE

________________________________________________________________________

CITIZENSHIP: _____________________________  If non-citizen, what is your present status and future plans regarding permanent residence and citizenship?

________________________________________________________________________

PERSONAL ANALYSIS (Please list name of analyst, starting and ending dates of analysis and frequency per week of meetings)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
I hereby authorize the Education Committee of the Boston Psychoanalytic Society and Institute to write to any of the above named supervisors listed on this application for information about my qualifications and hereby release the Education Committee of the Boston Psychoanalytic Society and Institute, Inc., its officials, employees and agents from any and all liability in connection with the acquisition and use of such information.

DATE: _____________________________ SIGNED ________________________________
The Boston Psychoanalytic Society and Institute
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Circle either yes or no (Not N/A) to each question. Provide details on a separate page for all YES answers. Please answer all questions.

All applicants:

1. Has any governmental authority, health care facility, group practice, professional society or association, or academic or educational facility brought charges or a complaint against you or imposed any discipline against you relating to your practice or professional conduct, including for any alleged violation of laws, rules, by-laws, standards of practice or ethics? YES NO

2. Have you ever lost or voluntarily relinquished your license to practice in any state or territory? YES NO

3. Have you withdrawn an application for a professional license or been denied a professional license for any reason? YES NO

4. Have you ever been convicted of a felony, or have you been convicted in the last ten years of any misdemeanor or other criminal offense, other than a minor traffic violation or are you currently charged with any criminal offense? YES NO

5. Has any professional liability insurance provider restricted, limited, terminated, imposed a surcharge or co-payment on, or placed any condition related to professional competency or conduct on your coverage or have you voluntarily restricted, limited or terminated your insurance coverage in response to an inquiry by a professional liability insurance provider? YES NO

1. CLAIMS MADE: Has any malpractice claim been made against you that has not yet been finally settled or adjudicated, whether or not a lawsuit was filed in relation to the claim? YES NO

2. CLAIMS RESOLVED: Has any malpractice claim that has been made against you been settled, adjudicated, or otherwise resolved, whether or not a lawsuit was filed in relation to the claim? YES NO

3. Has any lawsuit, other than a malpractice suit, which is related to your competency to practice, or your professional conduct in the practice of your discipline, been filed against your or been settled, adjudicated or otherwise resolved? YES NO

4. Has your privilege to possess, dispense or prescribe controlled substances been suspended, revoked, denied, restricted by, or surrendered to any state or federal agency? YES NO

As a condition of membership, I agree to report any changes in my licensing status, or any complaints or actions initiated against me by any governmental authority, health care facility, group practice, professional society or association, or academic or educational facility in regard to my practice or professional conduct or the institution against me of felony criminal charges. I agree to practice within the professional and ethical guidelines of both my licensing profession and the APSaA Ethics Standards, to abide by the provisions of the BPSI bylaws, and to comply with the procedures of the BPSI Ethics Committees. I understand that the above documents, policies, and procedures may change from time to time.

Signature: ___________________________ Date: ________________
Financial Policy:
I understand that payment of annual tuition is a condition of candidacy. Good financial standing is a condition to participate in the activities of BPSI including committee work, running for office, teaching, and supervising. Library Privileges and P-e-P, where applicable. I understand that if my tuition is in arrears I will be considered not in good financial standing, and until I redress the arrears through full payment or a payments toward a payment plan, I understand my privileges at BPSI will be suspended. I understand that in case of financial hardship I may seek a confidential payment plan through the Finance Office.

Signature: ___________________________ Date: ______________

Application Waiver:
I have reviewed the complete application, the BPSI Bylaws (attached), the APsaA Ethics Standards and the current BPSI Ethics procedure (attached).

In applying for Candidacy at Boston Psychoanalytic Society and Institute (BPSI), I understand that BPSI’s Admissions Committee or its designees will review my application and references, and may make further inquiries about me, that these answers will be obtained under pledge of confidentiality, and that I am not entitled to, and will not ask for disclosure of these replies. I hereby release BPSI, its Members, officials, employees, and agents from any liability in connection with the acquisition and use of said information, and will hold them free from all damage and claims because of any action taken on this application or by reason of any subsequent action.

Signature: ___________________________ Date: ______________
THE BOSTON PSYCHOANALYTIC SOCIETY AND INSTITUTE, INC.
141 Herrick Road, Newton Centre, Massachusetts 02459
Telephone: 617.266.0953  Fax: 857.255.3253  www.bpsi.org

Date  ____________________________

To: The Boston Psychoanalytic Society and Institute
   141 Herrick Road, Newton Centre, Massachusetts 02459

I hereby waive my right to examine letters of reference, recommendations, comment or opinion from any of
my references, supervisors, or other sources named in my application to you.

(Signed)__________________________________________

(Address)________________________________________

________________________________________________________________________