2016 – 2017
PSYCHOANALYTIC TRAINING
APPLICATION FOR ADMISSION

TO
THE BOSTON PSYCHOANALYTIC INSTITUTE
141 HERRICK ROAD, NEWTON CENTRE, MASSACHUSETTS 02459
TELEPHONE: 617.266.0953 FAX: 857.255.3253
Email: office@bpsi.org
WEBSITE: bpsi.org

TO RECEIVE A COPY OF THIS APPLICATION AS A WORD DOCUMENT, VIA EMAIL PLEASE CONTACT THE BPSI ADMINISTRATIVE OFFICE AT ksmolens@bpsi.org or 617.266.0953, x 103

DATE RECEIVED_____________________

FEE RECEIVED _________ BY ________

APPROVED BY ________________________

APPLICATION DEADLINE APRIL 11, 2016
The Boston Psychoanalytic Society and Institute
Application for Psychoanalytic Training

NAME IN FULL: ________________________________________________________________

DATE OF BIRTH: _______________________________________________________________

ADDRESS: (Please Check Preferred Mailing Address)

Office: __________________________________________________________________________

_________________________________________________ Telephone Number: _______________

Fax: ____________________________________________________________________________

Email: _________________________________________________________________________

Home: __________________________________________________________________________

_________________________________________________ Telephone Number: _______________

Fax: ____________________________________________________________________________

Email: _________________________________________________________________________

COLLEGE ATTENDED, DEGREE OBTAINED, FIELD OF STUDY AND DATE OF GRADUATION.

_________________________________________________________________________________

_________________________________________________________________________________

LIST PRIMARY (AND SECONDARY, IF APPLICABLE) GRADUATE DEGREE(S), INSTITUTION(S), FIELD(S) OF STUDY, AND DATE(S) OF GRADUATION.

_________________________________________________________________________________

_________________________________________________________________________________

INTERNSHIPS: LIST INTERNSHIPS AND OTHER CLINICAL TRAINING THAT WERE PART OF YOUR GRADUATE STUDIES.

_________________________________________________________________________________

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POST-INTERNSHIP TRAINING: (Psychiatry Residency; Postdoctoral Fellowships or other advanced training programs)

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_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________
Please give the names, addresses, and telephone numbers of three supervisors or clinical colleagues who know your work well, whom we may ask to write letters of reference for you.

________________________________________
________________________________________
________________________________________

Please attach the following:
) Curriculum Vitae
2) Detailed description of current psychotherapy caseload. Please specify diagnoses, frequency of visits, length of treatment, and beginning dates. Include a sentence or two about the work you are doing with each patient
3) List of publications and writings, with copies, if applicable.

Other professional interests and activities (e.g. teaching, community work, etc.).

________________________________________
________________________________________
________________________________________

License number: ____________________ State: ________________ Dates: ____________________

Malpractice insurance (required): indicate current coverage

________________________________________

Citizenship: __________________________ If non-US citizen, what is your present status and future plans regarding permanent residence and citizenship?

________________________________________
________________________________________

Have you ever undertaken personal psychotherapy or psychoanalysis?

________________________________________
________________________________________
________________________________________
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PERSONAL STATEMENT: Please tell us about yourself and your professional and intellectual goals. You might include, for example, any or all of the following: some description of your family of origin; education and professional development; important experiences or relationships; your personal experience of psychotherapy or psychoanalysis; and your reasons for pursuing psychoanalytic training. Feel free, however, to write about whatever you think would be useful for interviewers to know. (Suggested length 5-8 pages, 1500 words.)

This material will be read by Admissions Committee members only and the strictest confidentiality will be maintained.

This application should be returned with the non-refundable application fee of $145.

I hereby authorize the Education Committee of the Boston Psychoanalytic Society and Institute (BPSI) to write to any of the above-named referees for information about my qualifications and hereby release the Education Committee of BPSI, 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, Inc., 141 Herrick Road, Newton Centre, Massachusetts, 02459, does not discriminate on the basis of race, creed, color, sex, age, sexual orientation, national origin or handicap in admissions, administration of its educational programs, scholarship and loan programs or employment.

11/19/2015
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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 you 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: ________________

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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: ________________
Date

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

Re: Waiver of Right to Examine Letters of Reference

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)_____________________________________________________

______________________________________________________________

11/19/2015