

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

APPLICATION FOR ADMISSION

to the

BPSI TRAINING PROGRAMS IN PSYCHOANALYTIC PSYCHOTHERAPY:

**THE ONE-YEAR FELLOWSHIP PROGRAM
IN PSYCHOANALYTIC PSYCHOTHERAPY**

and

**THE ADVANCED TRAINING PROGRAM
IN PSYCHOANALYTIC PSYCHOTHERAPY**

2018-2019

APPLICATION DEADLINE: April 11, 2018. Interviews are scheduled in April and May.

NAME: _____

Please indicate the program for which you wish to apply:

Adult Track in the One-Year Fellowship Program _____

Child Track in the One-Year Fellowship Program _____

Advanced Training Program (ATP) _____

Are you involved in one of BPSI's joint PiP programs? If so, please mark which one:

Child___ Longwood___ MGH/McLean___ Psychology___

If you are in a PiP program, do you have a BPSI mentor, and if so, who?

Name in Full: _____
(last) (first) (middle)

Date of Birth: _____

Address: *(indicate preferred mailing address)*

Office: _____

_____ Telephone: _____

Home: _____

_____ Telephone: _____

Email: _____

Academic Degrees *(college, graduate school, dates of graduation)*

Clinical Training *(in psychiatry, psychology, social work, counseling, psychiatric nursing; include full names and addresses of supervisors; give dates). If you are applying to the Child Clinical Track in the Fellowship, please indicate your formal Child/Adolescent Training.*

Current Employment *(Include full names and addresses of supervisors; give dates)*

Place of work, nature and description of position: _____

Current number of patients seen by you in psychotherapy (**IF APPLICABLE**): _____

Types of patients seen (If you are applying to the Child Clinical Track, please note how many of your therapy patients are Child/Adolescent patients): _____

Other Professional Interests and Activities (*e.g. research, teaching, community work; Include publications and reprints if possible*)

Professional References (*Applicant is responsible for requesting his or her references to send letters to this office by mail, fax, or email. Do not use your current or past psychotherapists as professional references*)

Letters of Reference are **DUE BY April 11**, and interviews will not be scheduled until letters are received.

1. _____
(name) (address)

2. _____
(name) (address)

3. _____
(name) (address)

ATP applicants are required to be licensed and have current malpractice insurance. Fellows are not.

Are you currently licensed? Yes ____
(required for ATP applicants) No ____

If yes, please indicate State and date of licensure _____

Do you have current malpractice insurance? Yes ____
(required for ATP applicants) No ____

If yes, please indicate current coverage and a copy of include your malpractice facesheet: _____

Specialty Board Certification (*Date*): _____

Statement: Please attach a brief essay (anywhere from a paragraph to two pages) about why you are seeking further training at this time and how you see the Fellowship or ATP fitting into your professional development.

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 |
| 6. Have you ever engaged in a sexual or romantic relationship with a patient or former patient? | YES | NO |
| 1. <u>CLAIMS MADE</u> : 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. <u>CLAIMS RESOLVED</u> : 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 ([Ethics Committee Policies and Procedures](#)) ([MAC Policies and Procedures](#)). 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 training. 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 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 the Fellowship/Advanced Training Program in Psychoanalytic Psychotherapy 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 FOLLOWING QUESTION IS TO BE COMPLETED ONLY BY APPLICANTS TO
THE ADVANCED TRAINING PROGRAM IN PSYCHOANALYTIC PSYCHOTHERAPY**

What mental health treatment and/or psychotherapy have you had? (*give names, modality, frequency, and dates – we will not contact your present or previous treater(s)*)

Please return this form with a non-refundable application fee of \$50.00 and a current Curriculum Vitae.

I hereby authorize the Boston Psychoanalytic Society and Institute, Inc. to write to any of the above-named in the application (excluding my therapists) for information about my qualifications and hereby release BPSI, its officials, employees, and agents from any and all liability in connection with the acquisition and use of said information.

Signed

Date

The Boston Psychoanalytic Society and Institute, Inc. (BPSI) does not discriminate on the basis of race, creed, color, sex, age, national origin, handicap, or sexual preference in admissions, administration of its education programs, scholarship and loan programs, and employment.

5/5/2017