

NAME \_\_\_\_\_ DATE \_\_\_\_\_

2018-2019

**PSYCHOANALYTIC TRAINING  
APPLICATION FOR ADMISSION**  
To  
**THE TRAINING IN CHILD AND ADOLESCENT PSYCHOANALYSIS**  
At  
**THE BOSTON PSYCHOANALYTIC SOCIETY AND INSTITUTE**

141 HERRICK ROAD, NEWTON CENTRE, MASSACHUSETTS 02459

TELEPHONE: 617.266.0953 FAX: 857.255.3253

Email: [office@bpsi.org](mailto:office@bpsi.org)

WEBSITE: [www.bpsi.org](http://www.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](mailto:ksmolens@bpsi.org) or 617.266.0953, x 103

DATE RECEIVED \_\_\_\_\_

FEE RECEIVED \_\_\_\_\_ BY \_\_\_\_\_

APPROVED BY \_\_\_\_\_

**The Boston Psychoanalytic Society and Institute  
Application for Child and Adolescent Psychoanalytic Training**

NAME IN FULL \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

ADDRESS: (Please Check Preferred Mailing Address)

Office: \_\_\_\_\_

\_\_\_\_\_ Telephone Number: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Home: \_\_\_\_\_

\_\_\_\_\_ Telephone Number: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

MENTAL HEALTH DEGREE: \_\_\_\_\_ NAME OF ACCREDITED PROGRAM: \_\_\_\_\_

DATE OF GRADUATION: \_\_\_\_\_

LICENSE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_ DATES: \_\_\_\_\_

**MALPRACTICE INSURANCE (REQUIRED): INDICATE CURRENT COVERAGE**

\_\_\_\_\_

**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. PLEASE LIST SPECIFIC EXPERIENCE YOU HAVE HAD WITH CHILDREN AND ADOLESCENTS AS PART OF THIS TRAINING, INCLUDING RELEVANT COURSES (LENGTH), CLINICAL ROTATIONS (LENGTH), AND PSYCHOTHERAPY CASES YOU HAVE DONE UNDER SUPERVISION (NUMBER AND LENGTH OF TIME).**

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**POST INTERNSHIP TRAINING: PLEASE LIST POST-INTERNSHIP TRAINING EXPERIENCE (PSYCHIATRY RESIDENCY, POSTDOCTORAL FELLOWSHIP OR OTHER ADVANCED TRAINING PROGRAMS). PLEASE LIST SPECIFIC EXPERIENCE YOU HAVE HAD WITH CHILDREN AND ADOLESCENTS AS PART OF YOUR TRAINING, INCLUDING RELEVANT COURSES (LENGTH), CLINICAL ROTATIONS (LENGTH), AND PSYCHOTHERAPY CASES YOU HAVE DONE UNDER SUPERVISION (NUMBER AND LENGTH OF TIME).**

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**HAVE YOU PARTICIPATED IN ANY POST MASTER’S PSYCHODYNAMIC PSYCHOTHERAPY TRAINING PROGRAM (EXAMPLE: FELLOWSHIP OR ADVANCED TRAINING PROGRAM IN PSYCHOANALYTIC PSYCHOTHERAPY “ATP”) WITH DIDACTIC AND CLINICAL EXPERIENCE? IF SO, WHERE?**

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**ADULT PSYCHOANALYTIC TRAINING**

**ADULT PSYCHOANALYTIC TRAINING: PLEASE INDICATE YOUR TRAINING INSTITUTE; YEARS OF TRAINING COMPLETED AND ATTACH A LIST OF COURSES TAKEN DURING ADULT PSYCHOANALYTIC TRAINING.**

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**ADULT PSYCHOANALYTIC 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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**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 your child and adolescent work. Please supplement as necessary the information you have provided above. Be sure to include full names and addresses of supervisors. Letters of evaluation will be sought from these persons.)**

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**PERSONAL PSYCHOANALYSIS IS REQUIRED BEFORE MATRICULATION. PLEASE INDICATE START AND END DATES AND FREQUENCY OF MEETINGS.**

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**PLEASE REVIEW THE ELIGIBILITY AND READINESS APPENDIX AT THE BACK OF THIS APPLICATION AND DESCRIBE HOW YOUR TRAINING OR WORK EXPERIENCE HAS FULFILLED THESE PREREQUISITES.**

**We understand that there are different educational pathways in the mental health field. If you would like to make additional comments with regard to any of the items listed in the prerequisites that would help us to better understand your readiness for psychoanalytic training please include them here.**

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**PLEASE ATTACH THE FOLLOWING:**

**1) CURRICULUM VITAE**

**2) DETAILED DESCRIPTION OF CHILD PSYCHOTHERAPY CASELOAD FOR THE PAST THREE YEARS. Specify patient's age, gender, diagnosis, frequency of visits, length of treatment, and beginning dates of treatment. Include a sentence or two about the work you are doing with each patient.**

**3) BIBLIOGRAPHY of published, unpublished or presented work and if you choose, please include a copy of one article selected as representative of your thinking.**

**4) PERSONAL STATEMENT: Please tell us about yourself and your professional and intellectual goals. This should include a brief statement tracing the history of your interest in child psychoanalytic training. You might also include, for example, any or all of the following: some description of your family of origin; education and professional development; important experiences or relationships and your personal experience of psychotherapy or psychoanalysis. Feel free, however, to write about whatever you think would be useful for interviewers to know while reviewing your application for training. (Suggested maximum length 5-8 pages, 1500 words.)**

**Please note, that where applicable ancillary materials related to prior training experiences at BPSI (e.g. ATP, Fellowship) may also be sought and reviewed.**

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

**5/5/2017**

**The Boston Psychoanalytic Society and Institute**  
**Application for Child and Adolescent Psychoanalytic Training**

**SUPERVISION OF OTHERS**

YR \_\_\_\_\_ YR \_\_\_\_\_ YR \_\_\_\_\_

Supervisee Level	AGE*	SEX*	DIAGNOSIS*	Supervision Began	Supervision Ended	HRS/WK	HRS/YR	HRS/WK	HRS/YR	HRS/WK	HRS/YR

**TEACHING ACTIVITIES**

DATES	COURSE/SUBJECT	LEVEL	STUDENTS	# SESSIONS

**OTHER PROFESSIONAL ACTIVITIES**

DATES	ORGANIZATION	ACTIVITY	RESPONSIBILITY

\*Please note: Categories above indicate patient information.

USE ADDITIONAL SHEETS AS NECESSARY

**The Boston Psychoanalytic Society and Institute  
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**THE BOSTON PSYCHOANALYTIC SOCIETY AND INSTITUTE, INC.**

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? | <b>YES</b> | <b>NO</b> |
| 2. Have you ever lost or voluntarily relinquished your license to practice in any state or territory?   | <b>YES</b> | <b>NO</b> |
| 3. Have you withdrawn an application for a professional license or been denied a professional license for any reason?   | <b>YES</b> | <b>NO</b> |
| 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?  | <b>YES</b> | <b>NO</b> |
| 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?      | <b>YES</b> | <b>NO</b> |
| 1. <b><u>CLAIMS MADE</u></b> : 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?   | <b>YES</b> | <b>NO</b> |
| 2. <b><u>CLAIMS RESOLVED</u></b> : 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?  | <b>YES</b> | <b>NO</b> |
| 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?   | <b>YES</b> | <b>NO</b> |
| 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?  | <b>YES</b> | <b>NO</b> |

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: \_\_\_\_\_

**The Boston Psychoanalytic Society and Institute  
Application for Child and Adolescent Psychoanalytic Training**

**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: \_\_\_\_\_

**I hereby authorize the Education Committee of the Boston Psychoanalytic Society and Institute (BPSI) to write to any of the above-named references 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.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**THIS APPLICATION SHOULD BE RETURNED WITH THE NON-REFUNDABLE APPLICATION FEE OF \$145.**

**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.**

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141 Herrick Road, Newton Centre, Massachusetts 02459  
Telephone: 617.266.0953 [www.bpsi.org](http://www.bpsi.org) www.bpsi.org

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) \_\_\_\_\_

\_\_\_\_\_



**Appendix**  
**Eligibility and Readiness for Child and Adolescent Psychoanalytic Training**

Prior to child psychoanalytic training, applicants must be candidates in adult psychoanalytic training or graduate psychoanalysts and should possess the clinical immersion and didactic experience described below.

We understand there are different educational pathways in the mental health field, and your training and experience may differ from the criteria listed below. The Admissions Chairs and the Training Outreach Chair are available to discuss your didactic and clinical immersion, your individual interests and professional trajectory, and your readiness for child psychoanalytic training. Their contact information can be found below.

**Clinical Immersion**

1. A minimum of 3000 hours or the equivalent of two years full-time mental-health clinical experience under weekly individual supervision. Although this experience may be gained primarily from out-patient care situations, it should ideally include at least some experience with other settings such as inpatient and emergency care settings that offer exposure to the full range of mental disorders, and should include experience with psychodiagnostic assessment and differential diagnosis.
2. A minimum of 60 hours of individual supervision in the practice of psychodynamic psychotherapy such that you have begun to develop the capacity to establish a clinical process with patients, basic to future psychoanalytic clinical competence.

**Didactic Experience**

Should generally include the following:

1. Human Development across the lifespan from infancy into adulthood.
2. Psychopathology – allowing for a theoretical and clinical understanding of mental disorders including neurotic, characterological, psychotic, affective, anxiety, attentional and learning disorders as well as disorders related to substance abuse and those at the medical-psychiatric interface.
3. Major psychological theories such as behavioral, cognitive, learning theories, in addition to basics of psychoanalytic theories of the mind.
4. At least 60 hours participation in psychodynamically oriented courses and clinical seminars from which you have gained understanding of basic psychoanalytic concepts as well as the basics of a psychotherapeutic clinical process.

**The Boston Psychoanalytic Society and Institute**  
**Application for Child and Adolescent Psychoanalytic Training**

5. Therapeutic approaches to mental disorders that would enable a theoretical and clinical understanding of the different indications for psychopharmacology, supportive, psycho-dynamic and other psychotherapeutic treatments.
6. Interviewing techniques, history taking, information gathering and report writing.
7. Techniques of psychotherapy including a theoretical understanding and clinical experience with a range of psychotherapeutic techniques.
8. The principles of clinical and professional ethical conduct.

Thank you for your interest in child psychoanalytic training at BPSI. Please know that applicants are evaluated on the basis of their education, interest and experience relevant to the field, psychological aptitude, and certain personality factors. These include personal integrity, maturity and an abiding interest in the vicissitudes of human experience and psychological growth; a capacity for psychological understanding and sensitivity; the ability to listen and communicate empathically; the desire to make observations non-judgmentally in an inherently subjective field; and a tolerance for complexity, ambiguity and frustration. Child Psychoanalytic training is directed toward helping the psychoanalytic Candidate further develop and integrate these characteristics.

**Contact Information**

Susan Austrian, MD, Co-Chair Admissions Committee (Adult Psychoanalytic Training Program): [SEAustrian@rcn.com](mailto:SEAustrian@rcn.com) or 617-278-9410.

Kim Boyd, MD, Co-Chair Admissions Committee (Joint Adult, Child & Adolescent Psychoanalytic Training Program): [kboydmd@gmail.com](mailto:kboydmd@gmail.com) or 617-332-2230.

Janet Noonan, LICSW, Chair of the Training Outreach Committee:  
[janetnoonan@verizon.net](mailto:janetnoonan@verizon.net) or 617-571-6765.

For administrative questions please contact Karen Smolens, Senior Administrator for Admissions in the BPSI office at [ksmolens@bpsi.org](mailto:ksmolens@bpsi.org) or 617-266-0953 x103.

This is to acknowledge that I have read the “Appendix on Readiness and Eligibility for Psychoanalytic Training” and confirm that I meet these criteria.

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Signature

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Date

5/5/2017