



Application for Admission to BPSI Training Programs 2026-2027

Applications will be accepted beginning December 1, 2025

Deadline for submission is March 1, 2026

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.

Eligibility for BPSI Training Programs

At BPSI, we welcome applications from professionals in all mental health disciplines. We offer a range of postgraduate training programs to help interested applicants match with the program that best fits your professional needs, developmental trajectory, goals, and interests at a given time. The Chairs of the Training Outreach and the Admissions Committees are available for consultation if you have questions or to discuss which program is the best fit for you.

All training programs at BPSI are in-person only. Courses are held on Thursday evenings, September through June, and attendance at all classes is required.

The One-Year Fellowship in Psychoanalytic Psychotherapy (Adult Track) is best for:

- For MD's, must be at least a rising PGY-4.
- For Social Work (MSW) and Mental Health Clinicians (MA), must have at least one year post graduate work as a clinician.
- Applicants who have had psychodynamic supervision may be given preference.
- Note: Individual treatment, training cases, and Independent Licensure are not required. Students in the Fellowship have the opportunity to apply to the ATP at the end of their Fellowship year and join as second year ATP students the following year.

The One-Year Fellowship in Psychoanalytic Psychotherapy (Child Track) is best for:

- For MD's, a rising PGY-4 or first year Child Fellow
- For Social Work (MSW) and Mental Health Clinicians (MA), should be at least one year post graduate work as a clinician.
- Note: Individual treatment, training cases, and independent licensure are not required. Students in the Fellowship have the opportunity to apply to the ATP at the end of their Fellowship year and join as second year ATP students the following year.

The Advanced Training Program in Psychoanalytic Psychotherapy (ATP) is best for clinicians committed to learning to do intensive psychoanalytic therapy. The ATP consists of three major parts:

- A three-year sequence of theoretical and clinical seminars (the first year of classes is shared with the Fellowship).
- Two twice-weekly, long-term psychotherapy cases conducted by the student and supervised by a BPSI therapist or analyst.
- The student's own twice weekly psychodynamic psychotherapy or psychoanalysis is required. This can occur prior to the program but students are encouraged to be in therapy during their training.
- Note: Independent licensure is required. Access to BPSI's Referral Listserv, Referral Service, and Supervisors are included for the ATP.

The Psychoanalytic Training Program (Adult and Joint Adult & Child Candidacy) is a full psychoanalytic training for those interested in becoming a clinical Psychoanalyst consists of three major parts, which take place concurrently:

- A five-year core curriculum of theoretical and clinical seminars, plus continued coursework until graduation.
- Three or more supervised 4-5 x/week psychoanalyses conducted by the Candidate to provide intensive clinical experience.
- A Candidate's personal psychoanalysis at 4-5x/week with an approved Analyst is required, to enhance self-understanding and gain a deep appreciation of the dynamic interaction between analyst and patient. Analysis must begin on or prior to September 1.
- Note: Independent licensure and a depth of psychodynamic clinical experience is required. The applicant must be licensed locally in Massachusetts or the state where they intend to practice by the application deadline of March 1. Access to BPSI's Referral Listserv and Referral Service are included.

**Scholarship Applications are available for each clinical program.
Deadline for Scholarship application is March 1, 2026. [Click here](#) for information.**

Please indicate the program(s) for which you wish to apply:

- ☐ **Adult Track – One Year Fellowship Program in Psychoanalytic Psychotherapy**
- ☐ **Child Track – One Year Fellowship Program in Psychoanalytic Psychotherapy**
- ☐ **Advanced Training Program (ATP) in Psychoanalytic Psychotherapy**
- ☐ **Adult Psychoanalytic Training**
- ☐ **Joint Adult and Child Psychoanalytic Training**

Have you applied to any BPSI Training Programs in the past? If so, please specify which program and which academic year 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 the program you are considering. Their contact information can be found below.

Contact Information:

Sirel Taner-Caballero, LMHC, Chair, Training Outreach: sireltaner.ma@gmail.com or 978-549-6401

Jessica Barton, LICSW, Co-Chair, Psychoanalytic Psychotherapy Admissions Committee:
jessicajbartonlicsw@gmail.com or 617-877-5163

Janet Witte, MD, MPH, Co-Chair, Psychoanalytic Psychotherapy Admissions Committee: jwitte@mgb.org or 857-523-0678

Dov Fogel, MD, Chair, Child Analysis Training Program: dov.fogel@gmail.com or 617-547-6776

Anthony Bram, PhD, Vice-Chair, Child Analysis Training Program: dr.bram@dranthonybram.com or 781-862-4984

Lisa Citrin, LICSW Co-Chair, Psychoanalytic Training Admissions Committee: lisacitrinlicsw@gmail.com or 617-852-5774

Stephanie Schechter, PsyD, Co-Chair, Psychoanalytic Training Admissions Committee: stephschechter@aol.com or 617-875-8196

For other questions, please contact our Admissions Administrative Team at admissions@bps.org.

Personal Information			
(First Name)	(Middle Name)	(Last Name)	(Professional Degree)
(Date of Birth – mm/dd/yyyy)	(Preferred Name – if applicable)	(Preferred Pronouns)	

Contact Information			
Preferred Mailing Address:			
(Street Name)	(City)	(State)	(Zip Code)

Home Address (if different from above):			
(Street Name)	(City)	(State)	(Zip Code)

Preferred Email Address:

Alternate Email Address (optional):

Preferred Phone Number:

Please indicate what type of number is listed above: ____ Mobile ____ Office ____ Home

Alternate Phone Number (optional):

Please indicate what type of number is listed above: ____ Mobile ____ Office ____ Home

Affiliation with BPSI

Have you been affiliated with one of the BPSI joint PiP (Program in Psychodynamics) programs?

_____ Yes _____ No

Please indicate which PiP Program, below:

_____ Adult Select one: _____ Longwood _____ MGH/McLean

_____ Child (Boston Children's Hospital, Cambridge Hospital, MGH)

Were you affiliated with the PiP as a resident/fellow or as faculty?

_____ Resident/Fellow _____ Faculty Years: _____

Did you have a BPSI PiP mentor, and if so, who? _____

Have you been a recipient of a BPSI Travel Grant Award? _____ Yes _____ No

If yes, what year? _____

Did you have a Travel Grant Mentor, and if so, who? _____

Please describe all ways you have been involved with BPSI, such as through a Guest Partnership, Explorations in Mind courses, BPSI Reads, Lectures, or other?

Licensure and Malpractice *(Not required for Fellowship)*

For the Psychoanalytic Training Program, independent licensure in the state you will be practicing in is required before applying.

For Advanced Training Program (ATP), independent licensure is required **on or before September 1**.

License Number(s):	State(s):	Date(s) of Licensure:

For ATP, if you are not yet licensed but expect to be licensed by September 1, please indicate here:	
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Malpractice Insurance: (Indicate current coverage)	
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Current Employment

Place of work, nature, and description of position. If you expect a major change in your situation next year, please feel free to let us know what you envision:

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Professional Development and Activities

Please describe any teaching activities and other professional activities (e.g., research, community work) that are not already detailed in your CV.

Supervision

Please list your experience in your own adult and child psychodynamic psychotherapy supervision in the past five years with names of supervisors, frequency of supervisory meetings, and approximate dates. Please indicate (child) or (adult) supervision for each entry.

Please also indicate your experience supervising others, if any.

Letters of Reference

Letters of reference are required for each training program and must be submitted with your application. The number of letters needed depends on the program for which you are applying. Please read below for details and instructions.

Applicants are responsible for requesting their letters of reference to be sent **by email** to admissions@bps.org. **Your application is not considered complete until all letters are received.** Applicants are responsible for coordinating with their references to ensure they are submitted by March 1, 2026.

One Year Fellowship (Adult Track & Child Track)

and Advanced Training Program in Psychoanalytic Psychotherapy (ATP) Applicants:

Applicants are responsible for requesting their letters of reference to be addressed to Admissions Co-Chairs, Jessica Barton, LICSW and Janet Witte, MD. *Do not use your current or past psychotherapists as professional references.*

- **Fellowship Applicants** (Adult & Child Tracks) are required to submit **two (2) letters** of reference.
- **ATP Applicants** are required to submit **three (3) letters** of reference.

Psychoanalytic Applicants (Adult & Joint Adult and Child):

All applicants are responsible for requesting their letters of reference to be addressed to Admissions Co-Chairs, Lisa Citrin, LICSW and Stephanie Schechter, PsyD. Letters may be from any supervisors or professional colleagues who know your clinical work well. *If applying for Joint Adult and Child training, at least two of these references must know your clinical work with children.*

- **Psychoanalytic Applicants** are required to submit **four (4) letters** of reference.

Please list your professional references below based on the requirements for the program you're applying to:

1.

(Full Name)

(Contact Information)

2.

(Full Name)

(Contact Information)

3.

(Full Name)

(Contact Information)

4.

(Full Name)

(Contact Information)

THE BOSTON PSYCHOANALYTIC SOCIETY AND INSTITUTE, INC.

All Applicants: Select either Yes or No each question. Provide details on a separate page for all YES answers. Please answer all questions.

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. **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? _____ N/A _____ 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 [APsA 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 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 PEP, 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 payment 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 BPSI Bylaws, the APSA Ethics Standards and the current BPSI Ethics procedures, linked on the previous page.

In applying to Boston Psychoanalytic Society and Institute (BPSI), I understand that BPSI's Admissions Committee representatives or designees will review my application and references, and may make further inquiries about me, including to my training programs such as those at BPSI, my other training institutions, or other professional settings, and that this information will be handled with discretion. I am not entitled to and will not ask for disclosure of these inquiries. 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: _____

PROGRAM SPECIFIC QUESTIONS

Please complete questions specific to the program for which you are applying (click below):

- [Adult Track – One Year Fellowship in Psychoanalytic Psychotherapy](#)
- [Child Track – One Year Fellowship in Psychoanalytic Psychotherapy](#)
- [Advanced Training Program \(ATP\) in Psychoanalytic Psychotherapy](#)
- [Adult Psychoanalytic Training](#)
- [Joint Adult and Child Psychoanalytic Training](#)

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One Year Fellowship (Adult Track & Child Track) and Advanced Training Program in Psychoanalytic Psychotherapy (ATP)

Clinical Experience

Please summarize your clinical work, to date (ages and types of patients seen, frequency, areas of clinical interest or expertise). Additionally, for applicants to the One Year Fellowship – Child Track, please indicate your formal Child/Adolescent Training.

For ATP Applicants ONLY: Please answer the following three questions.

What mental health treatment and/or psychotherapy have you had?

(Give modality, frequency, and dates. To protect your privacy, please do not list the name of your therapist.)

If you need help finding a twice weekly therapist to fulfill the personal psychotherapy requirement of the ATP, the program can assist you in finding a therapist who accepts your insurance or accepts a fee you can afford. In addition, if you are interested in pursuing a personal psychoanalysis as part of your ATP training, BPSI has both a list of analysts who may accept a reduced fee, as well as a consultation process for those who would like help finding an analyst. To pursue these options, please submit your query through this [confidential form](#).

Current number of patients seen by you in psychotherapy (if applicable): _____

Training Case Requirements

Two twice weekly cases are required for graduation from the ATP. Are you in a situation in which you can see patients twice weekly for therapy? If not, do you have some thoughts on how you will make that possible?

Additional Materials for Fellowship and ATP Applicants

Please include the following materials with your application:

1. 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.

2. CURRICULUM VITAE

3. LETTERS OF REFERENCE:

Please see [page 8](#) for the required number of letters and instructions.

4. APPLICATION FEE:

This application should be returned with the non-refundable application fee of \$75. [Click here to pay the application fee.](#)

**Please email your completed application, program specific responses,
and additional materials to admissions@bpsi.org.**

Admissions Committee Procedure

Interviews are an integral part of the Admissions process. Applicants to the Fellowship are usually assigned to have one interview with a BPSI member who is familiar with the Fellowship and ATP programs. Applicants to ATP are assigned two interviews. Occasionally, the Admissions Committee may decide that an additional interview will be helpful for our decision.

The past few years have seen tremendous growth in interest in the Fellowship Program. Depending on the volume of applicants, we may choose to not interview certain groups of applicants. First, those who are involved in the PIP Programs, who are already connected to BPSI, may potentially be admitted to the Fellowship without an interview. Second, some people whose applications could benefit from more clinical experience, including those who are very early in their careers (PGY2 psychiatry residents, psychology, social work, nursing, or LMHC students who have not yet graduated from their programs) may be asked to wait, and reapply.

Applicants are encouraged to speak with their interviewers if they have questions about how personal information disclosed in the interviews will be shared with the admissions committee.

*End of Application for the One Year Fellowship (Adult Track & Child Track)
and Advanced Training Program in Psychoanalytic Psychotherapy (ATP)*

Psychoanalytic Training (Adult & Joint Adult and Child)

Eligibility and Readiness

Prior to psychoanalytic training, applicants should possess the clinical immersion and didactic and personal treatment experience described below. If applying for joint training in adult and child psychoanalysis, this should include at least one year of training specific to child and adolescent mental health from a recognized treatment center.

Clinical Immersion

1. A minimum of 3000 hours or the equivalent of two years full-time mental-health clinical experience under weekly individual supervision. If applying for joint training in adult and child psychoanalysis, this should include experience with children, adolescents and adults. 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. 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.
4. 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.
5. Interviewing techniques, history taking, information gathering and report writing.
6. Techniques of psychotherapy including a theoretical understanding and clinical experience with a range of psychotherapeutic techniques.
7. The principles of clinical and professional ethical conduct.

Describe how your training or work experience has fulfilled the clinical and didactic 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.

Have you participated in any post master's psychodynamic psychotherapy training program (ex: fellowship or advanced training program in psychoanalytic psychotherapy "ATP") with didactic and clinical experience? If so, where?

Clinical Experience

Please note post-internship training experience (psychiatry residency, postdoctoral fellowship or other advanced training programs that may not already be on your CV. If applying for joint training, 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).

Personal Treatment

Applicants are strongly encouraged to have begun their own personal psychoanalysis or intensive psychotherapy prior to applying to BPSI.

*Training analysis at 4 -5x per week with an approved BPSI analyst is required to begin on or before **September 1** of the year of matriculation.*

Eligibility for Candidate Analyses

A Candidate's personal Training Analyst may be a BPSI Training Analyst, and in some cases, well established analyses with BPSI Psychoanalysts may be eligible for a Waiver for the analysis to serve as the training analysis.

If you are already engaged in a 4-5x/week analysis with a BPSI Psychoanalyst who is not designated as a Training Analyst, or you wish to work with an APsA/IPA Training Analyst who is not at BPSI, the Analyst may inquire about a waiver to continue as an approved Analyst for the Candidate's training.

Questions regarding eligibility for a TA Waiver are addressed before an applicant is assigned interviewers. Waiver Questions and Waiver Reviews are handled by the TA Waiver Committee. [Click here for waiver information](#) or please contact the Admissions Chairs to inquire further about the waiver process.

Please check all that apply:

- ☐ I am in treatment with a BPSI Training Analyst.
- ☐ I am in a well-established analysis with an analyst who is not a BPSI Training Analyst, and I would like to inquire about eligibility for my analyst to serve as my training analyst.
- ☐ I am not in analysis currently but plan to begin on or before September 1.
- ☐ I would like a consultation regarding a referral for an analysis with a BPSI Training Analyst.
- ☐ Other (please explain below)

Additional Materials

Please include the following materials with your application:

1. PERSONAL STATEMENT

Please tell us about yourself and your pathway to analytic training. This is an opportunity to communicate both personal and professional experiences that have shaped you and your motivation to pursue training. You will want to include some of the following: some description of your family of origin; experiences that have had significant meaning; education and professional development; important experiences or relationships and your personal experience of psychotherapy or psychoanalysis. Feel free to include whatever you think would be useful for interviewers to know about you while reviewing your application. (Suggested maximum length 5-8 pages, 1500 words.)

2. CURRICULUM VITAE

3. DETAILED DESCRIPTION OF PSYCHOTHERAPY CASELOAD FOR THE PAST THREE YEARS

If applying for joint training, please make two separate lists: one for child cases and one for adult cases. 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.

4. LETTERS OF REFERENCE

Please see [page 8](#) for the required number of letters and instructions.

5. APPLICATION FEE

This application should be returned with the non-refundable application fee of \$75. [Click here to pay the application fee.](#)

**Please email your completed application, program specific responses,
and additional materials to admissions@bpsl.org.**

Admissions Committee Procedures

BPSI's Admissions Committee Chairs and a small group of their designees will review your application and references, and the Chairs may contact you with questions. The Chairs may make further inquiries about you, including to your training programs such as those at BPSI, your other training institutions, or other professional settings, and this information will be handled with discretion.

Interviews are an integral part of the admissions process. Once applicants are deemed eligible, the admissions chairs will assign interviewers and supplemental readers. This sub-group will be comprised of no more than eight individuals.

Applicants will participate in two interviews with three different interviewers (six interviews each). Occasionally, an interviewer will choose to add additional interviews if they feel more time would be helpful to the process.

Admissions discussions will take place in the applicant's small sub-group of the Admissions Committee. Applicants are encouraged to speak with their interviewers or the Chairs if they have questions about how personal information disclosed in the interviews will be shared with their small sub-group.

Applicants will be informed of admissions decisions before the end of June. Applicants may be accepted in full, declined, or occasionally the committee will recommend another training program within BPSI.