

Baltimore Washington Institute for Psychoanalysis, Inc.
14900 Sweitzer Lane, Suite 102, Laurel, MD 20707, 301/470-3635; 410/792-8060
www.bwanalysis.org

Psychoanalytic & Psychodynamic Studies
ADULT PSYCHOTHERAPY COURSE
Application

Date: _____

Date of Birth: _____

Name: _____ Place of Birth: _____

Office Address: _____ Off. Phone: _____

Home Address: _____ Home Phone: _____

Mental Health Discipline: _____

College: _____ Degree w/date: _____

Professional or Postgraduate Schools: _____ Degree(s) w/date(s): _____

Other Training Relevant to Psychotherapy: _____

Personal Analysis (Name): _____ Dates: _____ Approx.#/Hrs.: _____

Personal Therapy (Name): _____ Dates: _____ Approx.#/Hrs.: _____

Licensure (Date: _____) and/or Certification for Practice (Date: _____)

Professional Liability Insurance: Carrier: _____

Limits: _____ Dates covered: _____

Professional Affiliations with Dates: _____

Please give two references who have supervised your clinical work and request that they forward letters to the Institute at the above address to complete your application.

List Scientific Publications: _____

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List recent work experience involving intensive psychoanalytically-oriented psychotherapy (both private practice and in agencies) including in each: (1) agency or other setting; (2) hours per week; (3) address; (4) position w/dates; (5) names of psychiatric consultants and/or supervisors; and (6) nature of work.

Indicate what you hope to learn from this program and how you plan to make use of the training.

Application Fee: \$100.00. Please make check payable to the Baltimore Washington Institute for Psychoanalysis, Inc. and enclose with application.

I understand that this course is designed to enhance my professional knowledge and skill and that it does not lead to certification of any kind. I hereby give permission to the Baltimore Washington Institute for Psychoanalysis to correspond with former and present teachers and supervisors in connection with this application.

Signed: _____