

**BALTIMORE WASHINGTON INSTITUTE FOR PSYCHOANALYSIS, INC.
14900 SWEITZER LANE, SUITE 102
LAUREL, MARYLAND 20707**

**Instructions for Applicants for Training in the
Baltimore Washington Institute for Psychoanalysis**

Applications will be accepted throughout the year but must be submitted by May 1st to be assured consideration for analytic classes starting the following September. Please return 10 copies of the completed forms to the administrative office of the Institute at the above address. A non-refundable application fee of \$250 should be included, payable to the Baltimore Washington Institute for Psychoanalysis, Inc.

We will write to those whom you have listed as references. Please note that the first three names should be those in positions to give an overall evaluation of your work, e.g.: (A) Chair of the Psychiatry Department or Director of Graduate Studies where the highest degree was earned; (B) Director of Agency(ies) for Clinical Placement(s), Director of Internship/Placement; (C) Director of Residency or of postgraduate training program. If B and C were in the same department, a second name from that department may be given. (D) Chair of your academic department; (E) Two additional references should be from individuals who personally know you and your work well. At least one should be familiar with your recent/current clinical work. In addition, the names of applicants are circulated to Institute Faculty who are invited to make confidential statements to the Admissions Committee about applicants known to them.

At the end of the application form, we ask for your permission to contact references. This release does not include, nor will we seek confidential information from personal analyst(s) or therapist(s). In your evaluation interviews, however, you may expect to be asked about your treatment experience(s).

TRAINING GOALS AND CREDENTIALS OF THE APPLICANT

Please check the applicable program and credential in the category that applies to you:

A. Seeking academic and clinical training in psychoanalysis to prepare for psychoanalytic practice:

Adult Program _____; Child Training _____

- _____physicians who are now in, or have completed, psychiatric residency training;
- _____licensed clinical mental health practitioners with a Ph.D., Psy.D. or D.S.W. degree;
- _____licensed mental health professional with a clinical masters degree plus 2 years of postgraduate didactic and clinical training;
- _____Academician, independent scholar, researcher or administrator with an advanced academic degree;* (See note at end of this page.)
- _____ licensed counselor or psychiatric nurse.* (See note at end of this page.)

B. Seeking comprehensive academic training in psychoanalysis to enhance scholarly inquiry and productivity -- Academic Candidacy Program (not seeking clinical training):

- _____Academician or independent scholar with an advanced academic degree;
- _____physicians who are now in, or have completed, psychiatric residency training;
- _____licensed clinical mental health practitioners with a Ph.D., Psy.D. or D.S.W. degree;
- _____licensed mental health professionals with a clinical Masters degree plus 2 years of postgraduate didactic and clinical training.

*NOTE: If accepted for training by the Institute, the Institute is required to apply to the American Psychoanalytic Association for a waiver of the clinical doctoral degree requirement.

Baltimore Washington Institute for Psychoanalysis, Inc.
Instructions for Applicants for Psychoanalytic Training
Page Three

Please Submit the Following:

- a. your curriculum vitae;
- b. a narrative statement of your career development, current focus, objectives, etc., approximately 1,000 words;
- c. an autobiography of approximately 1,000 words. PLEASE DO NOT USE YOUR NAME ON YOUR AUTOBIOGRAPHY. TO PROTECT YOUR CONFIDENTIALITY, PLEASE CONTACT THE INSTITUTE EXECUTIVE DIRECTOR, MS. ELIZABETH MANNE AT (301) 470-3635 OR (410) 792-8060 TO OBTAIN A CODE TO BE USED ON YOUR AUTOBIOGRAPHY. PLEASE SEND 10 COPIES OF THIS AUTOBIOGRAPHY UNDER SEPARATE COVER.
- d. copies of your most recent publication; required for applicants in Category B;
- e. the psychotherapy practice report form for applicants in Category A only;
- f. a passport-type photograph – Attach to last page near the signature line.

Once all of your paper credentials have been received, you will be contacted by the Admissions Committee. This will be an informal contact to clarify any questions we may have about our application and any questions you may have about the selection process or about the Institute's program.

Should your application be advanced, you will then be scheduled for individual interviews with several members of the Admissions Committee. These interviews are for the purpose of evaluating your personal and professional capacities for the study of psychoanalysis, and where applicable, for the practice of psychoanalysis. Each interviewer makes an independent recommendation to the Committee, which will in turn review all the application material and make a recommendation for a final decision by the Education Committee of the Institute.

8. Questions about the application procedures should be directed to the Institute Executive Director, Ms. Elizabeth Manne at (301) 470-3635 or (410) 792-8060.

Baltimore Washington Institute For Psychoanalysis, Inc.
14900 Sweitzer Lane, Suite 102
Laurel, Maryland 20707

Application Form

Note Well:

- If you are applying for clinical training (category A, p. 2 above), complete entire application, except any labeled for Academic Candidate only; complete pages 1-5 and page 7.
- If you are applying to become an Academic Candidate complete pages 1- 4, and pages 6 and 7.

Name _____
Degree _____
Mailing
Address _____
Age _____
Place & Date of Birth _____
Telephone:
(Day) _____ (Eve.) _____ FAX _____
Email _____

Citizenship _____ Social Security # _____
Relationship Status _____

Current Position(s)

List chronologically your: (1) Colleges; (2) Graduate/Professional Schools;
(3) Social Work Placements; (4) Clinical Internships; (5) Residency/Fellowship/
Postgraduate Training Programs:

<u>Name of Institution</u>	<u>Dates Attended</u>	<u>Degree</u>	<u>Year</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Academic/Professional honors, awards:

Briefly summarize any teaching, research and publications you have done:

Describe briefly your experience as a psychotherapist, including with children and adolescents, if applicable (number of years, full time/part time, types of patients and therapies, post-training supervision). All applicants should complete this question. For example, even if you are a clinician applying to the Academic Candidacy Program, do complete this item. If you are a not a clinician and are applying to the Academic Candidacy Program, write "N/A". Clinicians applying to the Academic Candidacy Program, please complete licensure, insurance and certification questions on page 5.

Note: There is a separate, more detailed "Psychotherapy Practice Report Form" for those who are applying for full didactic and clinical training.

Other academic, educational or professional activities:

Memberships in professional organizations:

Present state of health _____ List all past and present major illnesses

Have you had any psychoanalytic _____ or psychotherapeutic _____ treatment?
Give dates, frequency, duration and (optional) name of analyst/therapists.

Is there any additional information that would be relevant to your interest in psychoanalysis?

Verification of Training: Please provide documentation of: (1) completion of professional or graduate school and (2) completion of clinical training. For #1, you may request an official transcript or a letter of certification from the professional or graduate school. For #2, you may request certificates of graduation or a letter of certification from the Director of Residency Training, Clinical Internship, or Clinical Placement.

Please specify the documentation you have requested to be forwarded to the Institute:

1) _____

2) _____

References: References should be from three individuals who personally know you and your work well (teachers, supervisors, colleagues). At least one should be from someone who is familiar with your recent/current work. Please give name, postal and e-mail addresses and telephone numbers for three references whom we will contact.

1) _____

2) _____

3) _____

List state(s) in which you are licensed to practice; explain if a license is not for independent practice:

Do you have a Professional Liability Policy? _____ Yes _____ No
Policy Number _____
Company _____
Amount of coverage _____
Effective Dates of Coverage _____ to _____.

If you are an active mental health practitioner and do not have malpractice insurance, please explain.

Has your license to practice ever been revoked, suspended, or otherwise restricted? _____. Have there been any malpractice suits or ethical complaints brought against you? _____. If yes to either, please explain.

Board Certifications: (specify, including Child and Adolescent, if applicable)

_____ Year _____
_____ Year _____

**ATTACH
PHOTOGRAPH
HERE**

I hereby attest that all of the above information is correct and not misleading to the best of my knowledge. Permission is granted to contact the references listed above.

Date

Signature of Applicant

3/31/11

In.Education Committee

SUPERVISION OF OTHERS

SUPERVISEE LEVEL	AGE*	SEX*	DIAGNOSIS*	SUPERVISION BEGAN	SUPERVISION ENDED	Yr _____		Yr _____		Yr _____	
						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 IF NECESSARY