



**PHILADELPHIA SCHOOL OF PSYCHOANALYSIS**  
PHILADELPHIA CONSULTATION CENTER

313 S. 16th Street  
Philadelphia, Pennsylvania 19102  
Website: www.PSPtraining.com

Phone: 215-732-8244  
Fax: 215-732-8454  
Email: PSPtraining@comcast.net

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## Application

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Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

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### Educational Background

Undergraduate School	Major	Degree	Year Awarded
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Graduate School	Major	Degree	Year Awarded
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Previous psychoanalytic or psychotherapeutic training:

\_\_\_\_\_

Other Studies or Training \_\_\_\_\_

\_\_\_\_\_

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Personal psychotherapy, individual or group (confidentiality assured)

(1) Therapist or group \_\_\_\_\_

Dates \_\_\_\_\_ Total Hours \_\_\_\_\_ Therapeutic Orientation \_\_\_\_\_

(2) Therapist or group \_\_\_\_\_

Dates \_\_\_\_\_ Total Hours \_\_\_\_\_ Therapeutic Orientation \_\_\_\_\_

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Please list experience as a psychotherapist.

Setting	Modality	Dates	Supervisor

Please list employers beginning with the present one:

Employer: \_\_\_\_\_ Position/Title: \_\_\_\_\_  
Address and Phone Number: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Employer: \_\_\_\_\_ Position/Title: \_\_\_\_\_  
Address and Phone Number: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Employer: \_\_\_\_\_ Position/Title: \_\_\_\_\_  
Address and Phone Number: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Describe your objectives in applying to our school (use a separate sheet if needed).

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How did you become aware of PSP? \_\_\_\_\_

Please list three people who can provide a reference if needed (name, address and phone number).

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Please mail completed application to: Admissions Office, Philadelphia School of Psychoanalysis, 313 South 16th Street, Philadelphia, PA 19102. Include a check for the non-refundable application fee of \$50.00 made out to "PSP". Please note that before formal acceptance an official transcript must be submitted to this office.

If enrolled, I understand that my admission is subject to all existing requirements and any future changes in them.

Signature \_\_\_\_\_

Date \_\_\_\_\_