



**Psychoanalytic Center
of the Carolinas**

**Application for Academic Training Programs in
Psychoanalysis and Psychoanalytic Psychotherapy**

Psychoanalytic Center of the Carolinas
101 Cloister Court, Suite A
Chapel Hill, NC 27514

For additional information, please contact:

Admissions Coordinator
Psychoanalytic Center of the Carolinas
(919) 490-3212
admin@CarolinaPsychoanalytic.org

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Academic Training Program Application Checklist

- 1. The completed application form
- 2. A copy of each of your three completed Consent for Letter of Reference forms.
- 3. A current curriculum vitae
- 4. Personal Statement
- 5. Personal Treatment Statement
- 6. \$150 [application fee](#) may be paid online or with a check payable to the Psychoanalytic Center of the Carolinas

**The selection of which training program you would like to pursue occurs after admission.*

Have the following document(s) sent directly to the PCC:

An official transcript from each graduate school from which you received a graduate degree.
(Official Electronic or Official Paper Transcripts are accepted.)

Send each Reference:

1. A completed Consent for a Letter of Reference.
2. A Request for Letter of Reference form to be submitted electronically by March 15 to admin@CarolinaPsychoanalytic.org.

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Date: _____

Name: _____

Degree: _____

Mailing address (check preferred address):

Home Address: _____

Work Address: _____

E-mail Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

How did you learn about this program? (Please select all that apply)

<input type="checkbox"/> Colleague	<input type="checkbox"/> PCC website
<input type="checkbox"/> PCC Member	<input type="checkbox"/> Email/listserv
<input type="checkbox"/> Psychotherapist/Psychoanalyst	<input type="checkbox"/> Brochure
<input type="checkbox"/> Supervisor	<input type="checkbox"/> Other: _____

Admissions Process

Once we receive your complete application, we will call you to schedule Zoom interviews with two members of the Admissions Committee. Our admissions process includes two types of interviews: academic and personal.

Academic interview – An interviewer will meet with you to discuss areas of your academic interest and how you see psychoanalytic education contributing to your field. You will be asked to discuss your research and learning goals. The purpose is to collaborate with you to help you select the most appropriate training opportunities for your learning goals.

Personal interview – A second interviewer on a second call will ask you to discuss your personal history and understanding of yourself as they relate to your goals as an academic, student, and patient. Among psychotherapy models, psychoanalysis and psychoanalytic psychotherapy place the greatest emphasis on the therapeutic relationship. These models require a high degree of self-awareness concerning one's subjective experiences within the relationship. Consequently, we believe that the personal interview is an essential part of our collaboration with you in selecting the most appropriate training opportunities.

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References

Please list three individuals familiar with your academic work (e.g., supervisors, colleagues - not your analyst/therapist) who can recommend you for this program. Please give each individual a copy of the Request for Letter of Reference form and a signed copy of the Consent for Letter of Reference form (See instructions accompanying this Application).

We require three references, but you may provide additional letters of reference. We may contact your references for additional information about your work. **Letters of reference must be received by the application deadline, March 15.**

Curriculum Vitae

Please provide a current curriculum vitae or other documentation containing the following information, if applicable:

1. **Education:** List academic degrees, years awarded, institutions, locations, and majors or areas of specialization.
2. **Professional Experience:** Provide all post-training employment with dates and brief descriptions of the nature of the academic work.
3. **Psychoanalytically-oriented studies:** List coursework, workshops, or other psychoanalytic study, with dates, instructors, and sponsoring organizations.
4. **Other studies and work experience** relevant to your interest in psychoanalytic psychotherapy, e.g., work in another field, independent reading, or research.
5. **Writing:** Provide a bibliography of publications and papers presented, and a brief description of any unpublished research, clinical, or theoretical writings.
6. **Teaching Experience:** List courses or seminars taught; include dates, locations, sponsoring organizations, and topics.
7. **Professional Affiliations:** List names of professional societies and organizations and dates of membership.

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Personal Treatment

A personal psychoanalysis or intensive psychoanalytically-oriented psychotherapy is an essential component of the Training Programs and is required. The psychotherapy training program requires either a current or completed psychoanalysis or intensive psychoanalytically-oriented psychotherapy. The psychoanalysis training program requires a psychoanalysis during training with either a training analyst (TA) or a psychoanalyst approved under our TA Waiver procedures found on Page 36 in the [PCC Student Handbook](#). On a separate sheet of paper, please provide a brief statement describing your own experience with such treatment.

Personal Statement

Please provide a Personal Statement about your wish to enter this program at this time. How do your experiences and background relate to your interests and goals? How have they shaped you? (We recommend a typed statement of between 500 and 1000 words.)

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Representation Section: (Use additional sheets if necessary)

1. Have you ever been convicted of a crime in any state or country, or are any charges current or pending? Yes No If yes, explain: _____
2. Has any licensing board or professional ethics body ever revoked, restricted, or required you to surrender your license or found you guilty of a violation of ethics codes, professional misconduct, unprofessional conduct, incompetence, or negligence in any state/country, or is any such action current or pending? Yes No If yes, explain: _____
3. Have you ever had any insurance company decline, cancel, refuse to renew, or accept only on special terms any professional liability insurance? Yes No If yes, explain: _____
4. Has any professional liability claim or suit ever been made against you, or is any such action current or pending? Yes No If yes, explain: _____
5. Are there any circumstances of which you are aware that may result in any professional liability claim or suit being made against you? Yes No If yes, explain: _____
6. Have you ever been engaged in any sexual conduct with any of your current or former patients or any current or former patient's spouse or any person with a direct relationship to the patient or former patient (e.g., a guardian, blood relative of the patient or spouse, or any person sharing the patient's domicile)? Yes No If yes, explain: _____
7. Have you ever had any hospital, agency, health care provider, or professional organization deny, restrict, or revoke professional or research privileges or invoke probation for any cause other than incomplete medical charts, or is any such action current or pending? Yes No If yes, explain: _____
8. Have you ever been suspended, restricted, or put on probation by any governmental health program (i.e., Medicare or Medicaid)? Yes No If yes, explain: _____
9. Are you now or have you ever been treated for alcoholism or other drugs? Yes No If yes, explain: _____
10. Have you ever abused alcohol or drugs? Yes No If yes, explain: _____
11. Has your narcotics license ever been suspended, revoked, voluntarily surrendered, or probation invoked, or is any such action current or pending? Yes No If yes, explain: _____
12. Have you ever been censured by or dismissed from any professional organization? Yes No If yes, explain: _____

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Certification

Please sign the following statement:

I certify that all information provided on this Application, or submitted with it, is accurate to the best of my knowledge. I specifically authorize the Psychoanalytic Center of the Carolinas and its authorized representatives to consult with the Board(s) and other third parties whose names I have given either herein or otherwise, as well as with any third parties whose names I may in the future provide as references, concerning further information bearing on my application.

I release from any and all liability the Psychoanalytic Center of the Carolinas, and their authorized representatives, and any third parties whose names I have provided or may provide, for any acts, communications, or disclosures involving me, including otherwise privileged and confidential information relating to me and this application.

I acknowledge that the Psychoanalytic Center of the Carolinas reserves the absolute right to accept or reject any applicant for any reason(s) deemed sufficient by PCC in its sole discretion.

Signature: _____ Date: _____

Name (type or print): _____

Please address any questions or concerns to:

Lucy Worth, Admissions Coordinator
admin@CarolinaPsychoanalytic.org
(919) 490-3212



101 Cloister Court, Suite A, Chapel Hill, NC 27514
www.CarolinaPsychoanalytic.org

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Consent for Letter of Reference

I, _____ hereby give my consent to:

Name: _____

Address: _____

Phone: (Home) _____ (Work) _____

to provide information regarding me to representatives of the Psychoanalytic Center of the Carolinas. I understand that the PCC requires letters of reference as part of my application for admission to the Academic Training Programs in Psychoanalysis and Psychoanalytic Psychotherapy, and that information contained in such letters will be kept confidential within the confines of the Admissions Committee of the PCC.

Signature of Applicant: _____ Date: _____

The following consent is optional: Further, I understand that I may have a legal right of access to such letters of reference. For the purposes of encouraging full and candid disclosure by these referring individuals, I hereby authorize the release by them to the Psychoanalytic Center of the Carolinas of any and all information that may be requested, and I waive any right of access that I otherwise might have to their statements and information, and agree that these statements and information shall remain completely confidential.

Signature of Applicant: _____ Date: _____

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Request for Letter of Reference

Name of Applicant: _____ Date: _____

The above-named person has given your name as a reference in their application for admission to the Psychoanalytic Center of the Carolinas (PCC) as an academic candidate. The PCC offers training programs in Psychoanalysis and in Psychoanalytic Psychotherapy.

Along with this Request for a Letter of Reference, you should receive a signed copy of the applicant's Consent, stating the confidentiality agreement concerning this information and letting you know the applicant's choice concerning the waiver of her/his right of access to any statements and information you may give us. What we would like from you is an emphasis on the unique qualities of this applicant.

Please include in your letter the length and circumstances of your acquaintance with the applicant and your evaluation of the following areas:

1. Indicate any unique personal qualities the applicant possesses that may be assets or limitations in the applicant's pursuit of advanced training in this program.
2. What relevant information can you share with us about the applicant that is not likely to be available from other sources?

Thank you for your help in our evaluation of this applicant. **Your letter should be emailed before March 15 to: admin@CarolinaPsychoanalytic.org**