



**Psychoanalytic Center  
of the Carolinas**

**Application for 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](mailto:admin@CarolinaPsychoanalytic.org)

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Application for the Training Programs in Psychoanalysis and Psychoanalytic Psychotherapy

**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. Current License/Certificate to practice in NC or SC
- 7. Proof of Insurance
- 8. \$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](mailto: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: clinical and personal.

**Clinical interview** – An interviewer will meet with you to discuss your clinical experience, skills, and learning goals, and will ask you to discuss case material. The purpose is to collaborate with you to assess your readiness to undertake the training programs and 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 experiences as they relate to your roles as psychoanalyst, psychotherapist, supervisee, 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.

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Consequently, we believe that the personal interview is an essential part of our collaboration with you in selecting the most appropriate training opportunities. The interview addresses such qualities as self-awareness, psychological-mindedness, personal comfort, manner of relating, openness, flexibility, personal history, and curiosity about one's dynamics, so you can expect that you will be asked to share your personal experiences.

### **References**

Please list three individuals familiar with your clinical 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. **Clinical training:** List sites and dates of all internships, residency programs, fellowships, practicum placements, advanced certificate training, or any other formal supervised training, with names of direct supervisors and dates of supervision.
3. **Professional Experience:** Provide all post-training employment with dates and brief descriptions of the nature of the clinical work. Include private practice.
4. **Supervision:** List major supervisors, starting and ending dates, frequency, focus (continuous case or most urgent case), and format (individual/group).
5. **Psychoanalytically-oriented studies:** List coursework, workshops, or other psychoanalytic study, with dates, instructors, and sponsoring organizations.
6. **Other studies and work experience** relevant to your interest in psychoanalytic psychotherapy, e.g., work in another field, independent reading, or research.
7. **Writing:** Provide a bibliography of publications and papers presented, and a brief description of any unpublished research, clinical, or theoretical writings.

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8. **Teaching Experience:** List courses or seminars taught; include dates, locations, sponsoring organizations, and topics.
9. **Supervising Experience:** Include dates, locations (e.g., agency, private practice, institute), number of individuals, number of hours, format (individual/group), and types of supervisees (students/professionals).
10. **Professional Affiliations:** List names of professional societies and organizations and dates of membership.
11. **Current clinical practice:** Include approximate number of clinical hours per week, clientele (adult, child, families, etc.), modes of treatment, types of problems treated, usual frequency of treatment, etc.

### **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.)

### **Licensure**

Please include a copy of your current license/certificate to practice in North and/or South Carolina.

### **Proof of Insurance**

Please include a copy of your malpractice insurance certificate or other evidence of your coverage. If you are covered through an employing agency, please include a letter from the agency documenting your coverage. The insurance expiration date should be after the start of classes.

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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: \_\_\_\_\_  
Are you now or have you ever been treated for alcoholism or other drugs?  Yes  No  
If yes, explain: \_\_\_\_\_
9. Have you ever abused alcohol or drugs?  Yes  No If yes, explain: \_\_\_\_\_
10. 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: \_\_\_\_\_
11. 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.

Name (type or print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please address any questions or concerns to:

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



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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 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 applied for admission to the Psychoanalytic Center of the Carolinas, which offers training programs in Psychoanalysis and in Psychoanalytic Psychotherapy, and has given your name as a reference.

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. Your assistance in acquainting us with this applicant would be most helpful. What we would like from you is an emphasis on the unique qualities of this applicant.

Since the practices of psychoanalytic psychotherapy and psychoanalysis involve serious responsibilities for human beings in need of various kinds of services, applicants should possess certain essential qualities, such as intelligence, self-awareness, psychological mindedness, emotional stability, maturity, integrity, and a capacity for empathy.

We would like to know your opinion of the applicant's fitness for advanced training in psychoanalytic psychotherapy and psychoanalysis. Your candid reply will help us in our selection process.

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

1. How has the applicant functioned with respect to accepting and carrying out clinical responsibilities?
2. What are the applicant's strengths and limitations as a psychotherapist?
3. 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.
4. 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](mailto:admin@CarolinaPsychoanalytic.org)