



PSG, Inc.

TAMPA PSYCHOTHERAPY STUDY GROUP, Inc.

AMPA COAST

APPLICATION FOR ADULT PSYCHODYNAMIC PSYCHOTHERAPY TRAINING

Documentation to include with application:

- Curriculum Vitae
- Copies of Degrees/Certifications
- Copy of Professional License
- Copy of Malpractice Liability Facesheet
- Application Fee—\$100.00

PERSONAL DATA

Name _____ Date _____

Date of Birth _____ Age _____ Sex (M/F) _____

Home Address _____ Work Address _____

Home Phone _____ Work Phone _____

Fax Number _____ Email _____ Preferred Mailing Address __Home __ Office

Professional License Number _____ License Category _____

EDUCATION AND QUALIFICATIONS

Undergraduate: College _____

Major _____ Degree _____ Year Graduated _____

Graduate: Institution _____

Major _____ Degree _____ Year Graduated _____

Certifications (indicate type, date, and name of organization):

Previous Psychoanalytic Studies, if any:

Institution _____

Date of Attendance _____

(Please include list of courses completed, instructors, supervisors)

PERSONAL PSYCHOANALYSIS OR PSYCHOTHERAPY, IF ANY:

Name and address of therapist: _____

Date started treatment: _____ Date ended treatment: _____ Number of sessions per week: _____

(If more than one analyst/therapist, please list requested information on another sheet)

PROFESSIONAL AND OTHER WORK EXPERIENCE

Please list your current work settings and give a brief characterization of your work duties.

OTHER ACTIVITIES

Describe two of your main interests, other than work, and comment on how these have developed and what personal satisfaction they give you.

REFERENCES

Please list two individuals (other than your analyst/therapist or relatives) who know you well, either in private life or in professional work, one of whom should have known you for at least five years, and if possible, someone who is familiar with your present work. Please ask them to send the reference form to the Chairperson, Admissions Committee. The Admissions Committee may contact your references for additional information about your work or your suitability to undertake psychoanalytic/psychotherapy training.

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____ Phone _____

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____ Phone _____

PRESENT APPLICATION

Please comment on what you would like to learn from undertaking psychotherapy training and how you see it facilitating your long term professional goals.

Application Fee: Please enclose \$100 non-refundable application fee.

Payable To: TPSG, Inc.

Please send all correspondence and application materials to:

Tampa Psychotherapy Study Group, Inc.
4890 W. Kennedy Blvd., Suite 990
Tampa, FL 33609

(813) 288-0783

I hereby certify that to the best of my knowledge the information contained in this application is correct and that to my knowledge there have never been any professional ethical charges against me.

Signature

Date