

**EMORY UNIVERSITY PSYCHOANALYTIC INSTITUTE**  
**6 Executive Park Dr. NE, The Catherine Hardman Suite, Atlanta GA 30329**

**Candidate Application Form**

Please indicate which program you are applying for: \_\_\_ Core Program (Academic) Date: \_\_\_\_\_

\_\_\_ Core Program \_\_\_ Psychoanalytic Psychotherapy Program \_\_\_ Clinical Psychoanalytic Program

Name: \_\_\_\_\_ Degree: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home or Office Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Email \_\_\_\_\_

Current Position: \_\_\_\_\_

List chronologically your (1) Colleges; (2) Graduate/Professional schools; (3) Clinical internships; (4)

Residency/Fellowship/Post-doctoral Training Programs:

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

Academic/Professional honors, awards: \_\_\_\_\_

Board Certification, if applicable (specify): \_\_\_\_\_ Year: \_\_\_\_\_

Licensed to practice in these states, if applicable:

\_\_\_\_\_

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*It is okay to have a little or a lot to write on the following pages*

Describe briefly your major area of scholarship and/or the research you have conducted. Attach a curriculum vita. Include copies of any of your publications you think relevant to this application, including papers in press: 3 copies each of papers; 1 copy of books, ***which will be returned.***

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Describe briefly your experience as a clinician (number of years, full time/part time, types of patients and therapies, post-training supervision) and/or professional activities (teaching, research, administrative):

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Other educational or professional activities: \_\_\_\_\_

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Membership in professional organizations: \_\_\_\_\_

Previous applications to psychoanalytic institutes (where, when, results): \_\_\_\_\_

Previous completed courses at a psychoanalytic institute: \_\_\_\_\_

Any important health issues you want us to consider in light of the demands of our program? \_\_\_\_\_

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

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: \_\_\_\_\_

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References: Please list names and addresses of: (A) the Chair of the Department or Director of Graduate Studies in which you received your degree or comparable position if a student and (B) 3 other people who are closely acquainted with you and your work and who would be able to provide an evaluation.

A. Chair of Department/Director of Graduate Studies: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

B. Other References:

1) Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

2) Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

3) Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

**Part 2:** Please attach a brief personal essay

In five hundred words or less, please tell us how (and why) it was that you became interested in Psychoanalysis?

**Part 3:** Please include a passport photo.

Please send your application materials to Ms. Ayanna Webb  
[Ayanna.Webb@emoryhealthcare.org](mailto:Ayanna.Webb@emoryhealthcare.org)