Emory University Psychoanalytic Institute (EUPI)

Fellowship Program: Relevance of Contemporary Forms of Psychoanalysis to Current Clinical Practice

APPLICATION FORM

Please type or print legibly and submit with application fee, made out to Emory University Psychoanalytic Institute (\$200 for all applicants) to <FILL IN THE BLANK>.

Name:	
Date of Birth:	
Home Address:	
Phone:	
Email:	
Fax:	
Business Address:	
Business Phone:	
Preferred mailing address: Work Home	<u></u>
EDUCATION	
College/University, Major, Degree, Date of Graduation or Expected Gradu	uation

MENTAL HEALTH	TRAINING (Internships, Resi	dencies, Institute	es, etc.)	
Institution	Course/Program	Dates	Supervisors	
CLINICAL EXPERII	ENCE (Include training and p	rofessional exper	iences, describing modalities of	f treatment
			and type and frequency of supe	
OTHER PROFESSI	ONAL ACTIVITIES (e.g., resea	irch, teaching, co	mmunity work, writing, etc.)	
				

BRIEF STATEMENT OF INTEREST (Describe your reasons for applying to the program, e.g., its relevance to you		
work, its relationship to career goals, etc.)		

Please describe your interest in pursuing advanced training in psychoanalysis (if applicable).		
Please email your completed application to Ayanna Webb at <u>ayanna.webb@emoryhealthcare.org</u> . Include,		
EUPI Fellowship, in the subject line. EUPI is not equipped to process electronic payments at this time. Please		
pay your application fee using a check or money order made payable to EUPI. You can mail your payment to:		
EUPI 6 Executive Park Dr. Suite T-03		

Atlanta, Ga 30329

*Please make sure your name on your application is also on your check or money order.