

**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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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Has your license to practice ever been revoked, suspended, or otherwise restricted?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.

There is a \$250 application fee that must be mailed in to complete  
your application.

Make all checks or money orders payable to EUPI. Please make  
sure that the name on your application is noted on the payment.

EUPI  
6 Executive Park Dr  
Suite T-03  
Atlanta, Ga 30329

Please send your application materials to Stefanie Speanburg,  
Director, [Stefanie.l.speanburg@emory.edu](mailto:Stefanie.l.speanburg@emory.edu)