**Vermont Psychoanalytic Study Group**

**(VPSG)**

**APPLICATION FOR TRAINING IN PSYCHOANALYSIS**

**INSTRUCTIONS**:

1. Please fill out this form, upload, and e-mail to Denise Russell, VPSG Administrator at [admin@vermontpsychoanalytic.org](mailto:admin@vermontpsychoanalytic.org)
2. Submit the following to Denise Russell, also by e-mail:
   1. Current Vermont professional license
   2. Current professional liability coverage
   3. Letters of reference from three clinicians (e-mailed separately, see below)
   4. Curriculum Vitae
   5. Statement of Interest

1. Submit payment of $150 via link on website

**APPLICANT INFORMATION**

Applicants NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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MAILING ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELEPHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the Preferred way to contact you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REFERENCES**

Please give the names and addresses of three (3) individuals who know you in a professional capacity and who can provide a recommendation regarding your work and character. Please have each recommender send a letter of recommendation to the VPSG Administrator, Denise Russell at[**admin@vermontpsychoanalytic.org**](mailto:admin@vermontpsychoanalytic.org)

RECOMMENDER 1.

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Period during which they have known you. Occupation Relationship to Applicant

RECOMMENDER 2.

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Period during which they have known you. Occupation Relationship to Applicant

RECOMMENDER 3.

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Period during which they have known you Occupation Relationship to Applicant

**PREVIOUS PSYCHOANALYTIC OR PSYCHOTHERAPY STUDY**

NAME OF INSTITUTE Degree (if any) Time Frame Course of Study

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**PREVIOUS OR CURRENT PSYCHOANALYSIS AND OR PSYCHOTHERAPY**

Total hours, time frame, modality (in person or on-line) and per week frequency of psychotherapy or psychoanalysis (with name of Institute if applicable). Please do NOT include name of analyst.

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**PATIENTS TREATED IN PSYCHOANALYTIC PSYCHOTHERAPY**

Please provide a list of up to four current psychotherapy cases that you would be prepared to discuss, specify diagnosis, frequency of visits, length of treatment and beginning dates. **Please do NOT include any identifying information regarding these patients.**

AGE GENDER DATE STARTED NO. OF SESSIONS/WK TOTAL HOURS. NAME OF SUPERVISOR

(IF ANY)

Case 1:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Case 3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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