



COLUMBIA UNIVERSITY

**The Center for Psychoanalytic Training and Research
1051 Riverside Drive
New York, New York 10032**

Application for Admission

PSYCHODYNAMIC PSYCHOTHERAPY DIVISION

INSTRUCTIONS

All materials should be submitted to psychoanalysis@cumc.columbia.edu as email attachments in standard formats (PDF or JPEG, PNG, GIF, etc., for images).

1. Download and save the blank application form on your computer before you begin to fill it out. Include the completed PDF application as an attachment with your other application materials (proof of insurance coverage, licensure, and digital photo, copy of CV).
2. Pay the \$50 fee electronically (preferred) via the PayPal link - https://www.paypal.com/cgi-bin/webscr?cmd=s-xclick&hosted_button_id=KDE2W3YX8RN6N. Please forward a copy/screenshot of your receipt to psychoanalysis@cumc.columbia.edu for the fastest processing.
3. Ask your two recommenders (program director and supervisor) to send their letters directly to the Center's email address above.
4. Email proof of current licensure, malpractice coverage, your CV, and a digital photo of yourself. The face sheet of your insurance policy should contain the necessary information for proof of malpractice coverage.

Date _____

1. Name (First, Last, Middle): _____

Degree _____

2. Office Address: _____

City State ZIP

Telephone: _____

3. Home Address: _____
City State ZIP
Telephone: _____

4. Email address _____

5. Date of Birth _____ Age _____

6. Current Position _____

7. Medical School/Graduate School _____

8. Please list all relevant graduate and postgraduate clinical training (i.e. psychology internship, psychiatry residency, field work):

9. Years in Psychotherapy Practice (if applicable) _____ Current Hours/Week _____

10. Please describe your interest in the Psychodynamic Psychotherapy Training

11. Are you in personal therapy or analysis? Yes _____ No _____

12. Have you previously been in personal therapy or analysis? Yes _____ No _____

13. Please request letters of reference from the people below be sent directly to the Psychoanalytic Center, psychoanalysis@cumc.columbia.edu.

Please list the names and addresses of:

PROGRAM DIRECTOR

SUPERVISOR