



COLUMBIA UNIVERSITY

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

Application for Admission

TRANSFERENCE-FOCUSED PSYCHOTHERAPY

INSTRUCTIONS

Electronic/Email Submission (Preferred):

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).
2. Pay the 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 recommenders in #14 to send their letters directly to the Center’s email address above.

Submission by Postal Mail:

You have the option of submitting all or part of your application via postal mail if needed. Please note, this may delay processing. The mailing address is **Columbia University Center for Psychoanalytic Training and Research, 1051 Riverside Drive, Unit 63, New York, NY 10032**.

If you plan to submit your application materials by postal mail, please print legibly in ink, type, or fill out and print the completed application. You can submit your application fee of \$50 as a check or money order, made payable to *Columbia University*. Letters of recommendation should be sent directly from the recommender to the postal mailing address above.

Date _____

1. Name _____ Degree _____

Last First Middle

2. Present Mailing/Office Address _____

City State ZIP Telephone _____

3. Permanent Home Address _____

City State ZIP Telephone _____

4. Email address _____

5. Day, Month, & Year of Birth _____ Age _____

6. Current Position _____

7. Medical School/Graduate School _____ Year Graduated _____

8. Residency/Psychology Internship _____ Year Graduated _____

9. Years in Psychotherapy Practice (if applicable) _____ Current hours/week _____

10. Please describe your level of experience working with patients with severe personality disorders.

11. Please describe your goals for the TFP training.

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

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

14. Request letters of reference below be sent directly to the Psychoanalytic Center, psychoanalysis@cumc.columbia.edu. Please include two letters of recommendation. If you are currently in training, or completed training within the past five years, we also request a letter from your training director.

Please list the names and addresses of:

DIRECTOR OF RESIDENCY OR INTERNSHIP TRAINING

SUPERVISOR #1

SUPERVISOR #2

Please indicate which videoconference seminar offering you would prefer:

1. Tuesdays from 2:15-3:45 p.m. EST with Drs. Caligor and Yeomans _____
2. Tuesdays from 4:00-5:30 p.m. EST with Drs. Caligor and Stern _____

Would you be able to accommodate the alternative time slot if needed? Yes _____ No _____

Please attach an up-to-date CV to this application and proof of current licensure and of malpractice coverage. A copy of the face sheet of your insurance policy should contain the necessary information for proof of malpractice coverage.

Please email a digital photo to psychoanalysis@cumc.columbia.edu