

# COLUMBIA UNIVERSITY

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

### *Application for Admission*

#### ***TRANSFERENCE-FOCUSED PSYCHOTHERAPY***

Instructions: 1. Please write legibly in ink. 2. Attach your check or money order for \$50 payable to *Columbia University*, where specified below: this fee covers part of the cost of processing your application and therefore is not refundable. 4. Mail to the *Center for Psychoanalytic Training and Research, 1051 Riverside Drive, Box 63, New York, N.Y. 10032.*

Date \_\_\_\_\_

1. Name \_\_\_\_\_ Degree \_\_\_\_\_  
Last First Middle

2. Present Mailing/Office Address \_\_\_\_\_  
\_\_\_\_\_ Telephone \_\_\_\_\_  
City State Zip Code

3. Permanent Home Address \_\_\_\_\_  
\_\_\_\_\_ Telephone \_\_\_\_\_  
City State Zip Code

4. E-mail 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. Letters of recommendation will be requested by the Center from:

a.) The Director of Residency or Internship program from which you graduated.

b.) Two of your psychotherapy supervisors.

Please list the names and addresses of:

DIRECTOR OF RESIDENCY  
OR INTERNSHIP TRAINING

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SUPERVISOR #1

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SUPERVISOR #2

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**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.**