

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, jk52@cumc.columbia.edu

Please list the names and addresses of:

DIRECTOR OF RESIDENCY
OR INTERNSHIP TRAINING

SUPERVISOR #1

SUPERVISOR #2

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 Judy mars, jk52@cumc.columbia.edu