

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 *Friends of Columbia Psychoanalytic Center*, 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

SUPERVISOR #1

SUPERVISOR #2

This application must be accompanied by 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.