



**CINCINNATI
PSYCHOANALYTIC
INSTITUTE**

Resolving life's issues through in-depth understanding

Analytic Training Program Application

SECTION I

Name: _____

Date of Birth (MM/DD/YYYY) _____ Marital Status (S, M, D, W) _____

Citizenship _____ Naturalized (date and number) _____

Work Address: _____

City: _____ State: _____ Zip Code: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Numbers (including area codes):

Office: _____ Home: _____

Email Address: _____

License Number (make sure to include the entire license number including letters and (.). If you do not have a license number just put N/A): _____

License Board: _____

Psychoanalysis

Dates _____

Frequency of session _____

Cincinnati is a non-reporting psychoanalytic institute. The only information gathered from the training analyst during candidacy is the start date of the analysis, number of sessions/week, number of days seen/week (a waiver is required for more than one session/day, as may be the case with out-of-town commuters) and notification when the analysis terminates. We expect that a candidate continues in their personal psychoanalysis through a significant portion of their training experience and to inform the Dean if analysis is terminated during training. Upon being informed of the termination, it is our policy to contact the analyst for the sole purpose of verifying the starting and ending dates and the total number of analytic sessions.

__ I have read the above and give CPI permission to contact my analyst as described.

SECTION II: Education & Training Undergraduate School(s)

Undergraduate: _____

Start Date(s) to End Date(s) _____

Graduate or Medical School: _____

Start Date(s) to End Date(s) _____

Internship or Residency: _____

Fellowships: _____

Postdoctoral Training: _____

Name of Training Director for degree in which you are licensed _____

Name and address of training program

May we contact him or her?

Yes

No

Current Professional Activities – Academic

University _____

Title _____

Responsibilities _____

List number of hours/week spent on Individual Therapy _____

List number of hours/week spent on Teaching _____

List number of hours/week spent on Research _____

List number of hours/week spent on Other _____

Current Professional Activities - Clinical

List number of hours/week spent on individual therapy _____

List number of hours/week spent on marital therapy _____

List number of hours/week spent on group therapy _____

List number of hours/week spent on other _____

Current Professional Activities - Other

Current investigative work (and publications)

Applications to Other Psychoanalytic Institutes

Institute _____

Date _____ Outcome _____

Institute (2) _____

Date _____ Outcome _____

May we write to these Institutes?

Yes
No

Are you interested in training in child analysis?

Yes
No

When will you be available to begin classes? _____

ADMISSIONS

References

You are required to have 3 letters of reference from persons who are familiar your clinical work (preferably supervisors); include at least one psychoanalyst if possible. Please advise those who will be sending these letters to mail them directly to us (3001 Highland Ave. Suite C, Cincinnati, OH 45219) or email to mkroegervuyk@3001.us. Please provide the names and email addresses of those we should expect letters from.

I understand that the decision as to whether I am qualified for acceptance to the Cincinnati Psychoanalytic Institute's (CPI) training program vests solely and exclusively in CPI, and that its decision is final. I agree to hold CPI, its directors, officers, members, representatives and agents free from any complaints or claims or demands for damage or otherwise by reason of any omission or commission that they, or any of them, may take in connection with this application, the interview and deliberative process or the decision by the Institute for admission to its training program. If accepted, I agree to abide by the rules and decisions of the Cincinnati Psychoanalytic Institute and pledge myself neither to conduct independent psychoanalytic treatment nor to represent myself as a practitioner of psychoanalysis until I am authorized to do so by the Cincinnati Psychoanalytic Institute.*

___ I understand and accept

Please Attach the Following

A brief (1-2 page) intellectual biography

Curriculum Vitae (CV)

Proof of currently valid and adequate malpractice insurance

A summary of your clinical casework for the past year. This should include type of case by gender, age, diagnosis, brief dynamic formulation, and type of treatment (e.g. insight oriented or cognitive, etc.) The frequency of sessions and length of treatment should also be included. Please protect your patients' confidentiality fully.

An in-depth case report (no more than 5 pages) of two current intensive psychotherapy cases (one male, one female). This report should convey your current understanding of your patient and the therapeutic process.

If applicable, please attach up to 5 publications

- Publication (1)
- Publication (2)
- Publication (3)
- Publication (4)
- Publication (5)

Malpractice Claims History

Please select one:

- There are no claims to date
- Claims exist and must be filed
- Claims to be Filed

Provide information for all cases occurring in previous ten (10) years (attach document)

Disclosure Information

1. Have any of your board certifications or equivalents ever been suspended, revoked, voluntarily surrendered*
Yes
No
2. Has your professional license, in any jurisdiction, ever been voluntarily or involuntarily suspended, limited, revoked, denied, or surrendered or subjected to probationary conditions or are there any such actions pending?*
- Yes
No
3. Has your DEA license or state narcotics registration ever been voluntarily or involuntarily suspended, limited, revoked, denied, or restricted for reasons other than non-completion of medical records or are there any such actions pending?*
- Yes
No
4. Has your hospital or facility staff membership or have your hospital or facility professional privileges ever been voluntarily or involuntarily suspended, limited, revoked, denied or surrendered for reasons related to professional competence or conduct, other than non-completion of medical records or are any such actions pending?*
- Yes
No

5. Have you ever been placed on probation or asked to resign an internship or residency training program?*

Yes
No

6. Has Medicare, Medicaid, or any other medical reimbursement plan ever voluntarily or involuntarily suspended, limited, revoked, denied, not renewed or terminated your participation for reasons related to professional competence or conduct?*

Yes
No

7. Have you ever been or are you currently excluded from participation with Medicare or any other federally funded health care program?*

Yes
No

8. Has your professional liability coverage ever been restricted, limited, denied, not renewed, or special rated (for reasons other than the carrier's termination of operations in your state)?*

Yes
No

9. Have you ever been named as a defendant in any criminal case? (excluding minor traffic infractions, but not DUIs)*

Yes
No

10. Have you ever been convicted of a felony?*

Yes
No

11. Have you ever been disciplined for a violation of ethical standards by a professional organization?*

Yes
No

12. To your knowledge has information pertaining to you ever been reported to the National Practitioner Data Bank?*

Yes
No

13. Do you have a history of engaging in the illegal use of drugs? ("Illegal use of drugs" means the use of any controlled substances illegally obtained, i.e. not obtained pursuant to a valid prescription and not taken in accordance with the direction of a licensed health care practitioner.)*

Yes
No

14. Are you currently engaged in the illegal use of drugs? ("Currently" does not mean on the day of or even the weeks preceding the completion of this application. Rather, it means recently enough so that the illegal use may have an impact on one's ability to practice.)*

Yes
No

15. Are you currently in treatment for addiction to drugs or alcohol?*

Yes
No

16. Within the last five years, have you been reprimanded or disciplined in any manner by any state licensing authority or other professional board for conduct related to the use of alcohol or the use of any drug?*

Yes
No

17. Do you have any emotional or physical disabilities that may limit your ability to practice?*

Yes

No

If you answered "yes" to any of the 17 previous "yes/no" questions, please include an explanation below

Psychotherapy Case Summary for the Past Year

Please fill out case summary for past one (1) year.

Attach document

Case Summary

Case Summary attached