

Application for the SPSI 2YCP 2024-26

We are delighted you are applying to the Two-Year Certificate Program, **Psychoanalytic Psychotherapy: Theory, Process, and Social Applicability**. We are a learning community committed to helping one another engage with psychoanalytic theory to deepen clinical work in all settings and to promote healing in our communities.

The admission process consists of submitting an application and having one or two interviews. We will want to talk with you about your interest in the program, your clinical experiences, and what you hope to gain from participating in this program.

We welcome questions you may have about the program. Applications for the 2024-26 cohort will be accepted starting in Spring of 2024.

Name:

Email Address:

Office Address:

City:

State:

ZIP:

Office Phone:

Office Fax:

Home Address:

City:

State:

ZIP:

Home Phone:

References.

Please provide names of two people from whom you have requested letters of reference to be sent to SPSI. At least one should be either a current or past consultant/supervisor.

Experience with therapy/analysis.

Have you ever had personal psychoanalytic psychotherapy or psychoanalysis?

Yes No

Application and Admissions Process

The admission process helps the 2YCP Committee get to know you so together we can determine whether the program is a good match. If so, we will schedule two interviews in order for us to get further acquainted. We will inform you by early summer whether you have been accepted into the program.

It is the policy of the Seattle Psychoanalytic Society and Institute to select qualified individuals without discrimination on the grounds of political affiliation, religion, marital status, ethnicity, gender, national origin, non-disqualifying physical disability, sexual orientation, or age.

A complete application includes this form and one (1) copy of all information requested below, received at the Institute office.

1. **Your current curriculum vitae.** Please include all relevant educational and professional experience.
2. **Copy of professional health license.**
3. **A copy of your professional liability insurance.**
4. **Your personal statement.** Please write a one to two page essay about what draws you to the 2YCP Program. We would like to know about you. What influential life and professional experiences have impacted your decision to apply? What do you hope to gain from your participation in the 2YCP Program?
5. **Your signed Ethical Disclosure Form.**
6. **Official transcript or certificate** from the institution granting highest degree in your field.
7. **Letters from two references** familiar with you and your professional work.
8. **Non-refundable application fee** of \$75.00 payable to Seattle Psychoanalytic Society and Institute. If you wish to send this fee by credit or debit card, please contact Administrator Zan Christensen (zan@spsi.org) for instructions.

Completed applications are due by **May 15, 2024**.

Please email your materials to info@spsi.org or print and send them by mail to: **2YCP Program Chair
4020 E. Madison St, Ste 230 Seattle, WA 98112.**

The information provided on this application is for the use of the 2YCP Committee to conduct interviews with the applicant for psychoanalytic psychotherapy instruction. It is used to assess the suitability of the applicant for the program, and for that purpose only.

Signature:

Date: