

Psychoanalytic Education Center of the Carolinas

101 Cloister Court, Suite A

Chapel Hill NC 27514

phone: (919) 490-3212 email: admin@ncanalysis.org fax: 1-877-897-4034

A Division of the North Carolina Psychoanalytic Society

Fall 2008 Course Application

Please indicate which course(s) you would like to take:

- Thinking Psychoanalytically: The Basics / Monday, 6:30 pm – 9:30 pm
Psychoanalytic Perspectives on Borderline Personality: Theory & Technique / Tuesday, 6:15 pm – 7:45 pm
Psychoanalytic Perspectives on Human Development in the First Decade of Life / please check section below:
Tuesday, 8:00 pm – 9:30 pm Friday, 12:45 pm – 2:15 pm

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Degree: \_\_\_\_\_

Home Address: \_\_\_\_\_

Work Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Please indicate which phone number you prefer we use: \_\_\_\_\_

Email: \_\_\_\_\_ Fax Number: \_\_\_\_\_

How did you find out about our program? \_\_\_\_\_

Section A: In a short paragraph please explain your interest in the course you would like to take.

Series of horizontal dotted lines for writing the response to Section A.

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## Course Application

**Section B:** Please provide a current *Curriculum Vitae*. Please include any psychoanalytically-oriented studies. List coursework, workshops, or other psychoanalytic study, with dates, instructors, and sponsoring organizations.

**Section C:** Please sign the Confidentiality Statement below.

I understand that my participation in this class is dependent upon my protecting and maintaining client confidentiality. If I present confidential case material in the class, the case material will be disguised sufficiently to prevent identification of the client. I will protect the confidentiality of case material presented by faculty and other students and will not share presented material with anyone outside the class.

\_\_\_\_\_  
Signature

**Section D: Reference Letter:**

**If you have already submitted a reference letter to our program:** Please check the box to indicate that we have a reference letter on file and skip to Section E. You don't need to submit the **Reference Form** (next page).

**Reference Letter on file.**

**If you haven't already submitted a reference letter to our program:**

1. Please list one individual familiar with you and, if applicable, your clinical work (e.g., supervisor or colleague, not your analyst/therapist), who can recommend you for this program. If you are a graduate student or resident, the letter of reference should come from a clinical supervisor or teacher.

Name: \_\_\_\_\_

Position: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

2. Please fill out your name & the name of the course, and complete & sign the Consent for Letter of Reference on the **Reference Form** (next page). Please give the **Reference Form** to the individual providing your letter of reference.

3. Please submit a copy of the **Reference Form** with your application.

**Section E:** Please sign the following statement:

I certify that all information submitted with this Application is accurate to the best of my knowledge. I understand that PECC reserves the right to accept applicants into courses at its sole discretion

Signature: \_\_\_\_\_ Name: (print) \_\_\_\_\_

Date: \_\_\_\_\_

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**Reference Form**

Name of Applicant: \_\_\_\_\_ Name of Course: \_\_\_\_\_

**Request for Letter of Reference:**

The above-named applicant has applied for the course listed above and has given your name as a reference. Your assistance in acquainting us with this applicant would be most helpful.

We would like to know to what extent this applicant possesses qualities such as intelligence, emotional stability, maturity, and integrity. It would also be helpful if you can tell us what you know about the applicant's capacity for self awareness, empathy, insight into others, and background (if any) in psychoanalytic ideas and treatments.

Your candid reply will help us in our selection process. We need to receive all application materials, including letters of reference as soon as possible, in order to consider this applicant for admission. Your letter should be sent to:

Admissions Committee  
Psychoanalytic Education Center of the Carolinas  
101 Cloister Court, Suite A  
Chapel Hill NC 27514

**Consent for Letter of Reference:**

I, \_\_\_\_\_ hereby give my consent to:  
(Name of Applicant - please print or type)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone(s): \_\_\_\_\_ Email: \_\_\_\_\_

to provide information regarding me to representatives of the Psychoanalytic Education Center of the Carolinas. I understand that letters of reference are required by the Center as part of my application for admission to this course, and that information contained in such letters will be kept confidential within the confines of the Admissions Committee of the Psychoanalytic Education Center of the Carolinas and the course faculty.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**The following consent is optional:**

Further, I understand that I may have a legal right of access to such letters of reference. For the purposes of encouraging full and candid disclosure by these referring individuals, I hereby authorize the release by them to the Psychoanalytic Education Center of the Carolinas of any and all information that may be requested, and I waive any right of access that I otherwise might have to their statements and information, and agree that these statements and information shall remain completely confidential.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date