

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

www.ncanalysis.org

A Division of the North Carolina Psychoanalytic Society

Fall 2010 Course Application

Please indicate which course(s) you would like to take and include the registration fee with your application.

- Thinking Psychoanalytically: The Basics
Introduction to Psychodynamic Assessment
Psychological Development Across the Life Cycle
Psychoanalytic Models of Brief Therapy
Using Dreams in Your Clinical Work

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? _____

Would you like to be added to NC Psychoanalytic Foundation's email list so you can receive announcements of psychoanalytic courses & programs? [] Yes [] No

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

Multiple horizontal lines for writing a paragraph.

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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.

If you have already submitted a CV to our program: Please check the box to indicate that we have a CV on file. You don't need to submit another CV, but if there have been substantial updates since you submitted it, please summarize them on a separate sheet.

CV on file.

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 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(s) 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