

GREATER KANSAS CITY PSYCHOANALYTIC INSTITUTE

*Application for Admission: Psychiatrists & Clinical Ph.D.s
(Please attach a check for the \$150 application fee, payable to the
Greater Kansas City Psychoanalytic Institute.)*

Candidacy sought: Academic candidate _____ Full candidacy _____

Please type or print:

1. Name: _____ Birthdate: _____

Social Security number: _____ Birthplace: _____

2. Marital status: _____ No. of children/Ages: _____

Other dependents: _____

3. Office address: _____

Office phone: _____

Home address: _____

Home phone: _____

4. Academic & professional training:

a. College, university, major and minor fields, degrees & dates

b. Medical School and/or Graduate School, major and minor fields, degrees, dates

c. Internships, dates

d. Non-psychiatric residencies (for MDs)

e. States in which you are licensed

f. If you are not now licensed in Kansas, what would be necessary for you to become licensed?

g. Citizenship? _____

h. If you are not a United States citizen, please indicate the type of visa under which you entered the United States _____ . Prospects for visa extensions: _____

5. Psychiatric or other postdoctoral training and work experience

a. Residencies or postdoctoral fellowships

b. Predoctoral mental health experience

c. Postgraduate work

d. Subsequent or other supervised experience.

On the attached form (p. 7) list the patients you have seen in treatment.

e. Private practice

f. Teaching

g. Research

h. Other professional work, consulting, etc.

i. Other diplomas or certificates held; Boards

6. Membership in scientific, professional and honorary societies; other honors

7. Publications

8. List the names and addresses of three people who are familiar with your professional background and experience who could be contacted by the Institute for information regarding your suitability for psychoanalytic training.

9. Have any of the following been, or are any currently in the process of being denied, revoked, suspended, reduced, limited, placed on probation, under investigation, not renewed, voluntarily or involuntarily relinquished or withdrawn, or have you ever withdrawn or failed to proceed with an application for any of the following:

Medical license in any state or district	Yes ___ No ___
Other Professional registration/license	Yes ___ No ___
DEA/controlled substance registration	Yes ___ No ___
Medical staff membership	Yes ___ No ___
Clinical privileges	Yes ___ No ___
Medical staff Prerogatives/rights	Yes ___ No ___
Professional society membership	Yes ___ No ___
Fellowship or board certification	Yes ___ No ___
Professional liability insurance	Yes ___ No ___
Academic appointment.	Yes ___ No ___
Locum tenens privileges	Yes ___ No ___

NOTE: If any of the above are YES, please provide a full explanation on a separate sheet.

10. Have any judgments been rendered against you or have any settlements been made on your behalf for professional liability cases, including lawsuits or claims?

Yes ___ No ___

11. Have you ever pled guilty to or been convicted of a felony or misdemeanor (other than minor traffic offenses)?

Yes ___ No ___

12. Are you able to perform and discharge, with or without reasonable accommodation as provided for under the Americans with Disabilities Act, all of the essential functions, duties and responsibilities of a psychoanalytic candidate without limitation?

Yes ___ No ___

NOTE: If you answered the above question NO, please provide on a separate sheet a description of the functions, duties and responsibilities you are unable to perform and discharge.

13. Please attach a brief summary (not more than 3 single-spaced pages) of a patient whom you have treated in your professional practice. If possible include a process note of a session with that patient. (Not required of Academic Candidate applicants.)

14. Describe briefly the kind of professional practice with which you are most familiar and the types of patients with whom you enjoy working.

15. Attach an autobiographical sketch (about 500 words). The purpose of the autobiography is to help us understand your personal development.

16. Attach an outline of members of the family in which you grew up and your present family, including age and brief statements about each and your relationship with them. List other individuals who have significantly influenced your life and their impact upon you. (You need not repeat material included under 15.)

17. History of your interest in psychoanalysis (unless you have included this under 15). Briefly state the origin and development of your interest in psychoanalysis, including the role of such formative influences as teachers, books, etc. Also describe the steps you have taken up to the present time to seek training in the field. If you have applied to other institutes for psychoanalysis training, please list the names of institutes and dates of application, whether you were accepted, deferred or rejected, or when you expect a reply if no action has yet been taken.

18. List any previous psychoanalysis or other psychotherapy (duration and with whom).

19. Do you feel a personal need for psychoanalytic treatment? If so, for how long have you felt the need and what do you anticipate that the treatment will do for you?

20. Have you had psychological testing? Dates and purpose:

21. What are your professional goals and how does psychoanalytic training fit in with their attainment?

22. Finances

a. Present financial status (resources, liabilities and income).

b. Prospects for employment in the Kansas City area for duration of psychoanalytic training.

c. Plans for meeting costs of psychoanalytic training, including sources from which you can obtain financial assistance if this is needed.

23. Previous psychoanalytic training

Institute _____

a. <u>Personal Analysis</u>			
Analyst		Inclusion Dates	# of Hours

b. <u>Supervised Analyses</u>			
Supervisors	Patient's Diagnosis	Inclusive Dates	# of Hours

c. <u>Seminars Attended</u>			
Instructor	Course	Inclusive Dates	# of Hours

I, _____, in making this application for admission to psychoanalytic training, agree to abide by the terms of the constitution, bylaws, and policies and procedures of the Greater Kansas City Psychoanalytic Institute and the American Psychoanalytic Association. I fully understand that any significant misstatement in this report or omission from it may constitute cause for non-admission. To the best of my knowledge, I have no physical or mental limitations that would impair my ability to perform as a psychoanalytic candidate (If so, please explain on attached sheet.) I hereby authorize any and all persons to make available to the Institute, its agents, and employees any information and records relevant to issues of my competence, character, and qualifications. This includes patient evaluations, and information concerning malpractice ratings, insurance coverage, claims settlements and judgments which involve me even if otherwise privileged or confidential. The Institute may correspond with former and present teachers and supervisors in connection with this application. I hereby give permission, release and waive all claims related to the good faith furnishing or review of the information described above.

Applicant's signature

Date

