

**Massachusetts Institute for Psychoanalysis, Inc. (MIP)**  
**Application for Advanced Training**

Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_

Degree: \_\_\_\_\_ Date Received: \_\_\_\_\_  
(month) (year)

Current Primary Professional Position:

\_\_\_\_\_

Address:

\_\_\_\_\_

How long have you been in this position? \_\_\_\_\_

Are you independently licensed in your discipline? \_\_\_\_\_ Board and License  
#: \_\_\_\_\_

\*Have you ever had your license revoked or suspended? \_\_\_\_\_

\*Have you ever been involved in a malpractice suit? \_\_\_\_\_

\*Have you ever been sanctioned or dismissed by any hospital, mental health organization or professional organization for ethical violations? \_\_\_\_\_

\*If you answered "Yes" to any of the starred questions, please explain on a separate sheet.  
**Please provide nine copies of the information requested on the back of this application form.**

Please list the names and addresses of five individuals, supervisors and colleagues familiar with your clinical work other than your analyst/ therapist, who can recommend you for this program. Please ask these individuals to write **in detail** regarding your suitability for psychoanalytic training at an advanced level. Nine (9) copies of the letters should be addressed to the **Admissions Committee** and sent, along with your completed application. We require five, but you may provide additional letters of reference. We may contact your references for additional information about your work.

1. **Name:** \_\_\_\_\_

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

\_\_\_\_\_

Position: \_\_\_\_\_

2. **Name:** \_\_\_\_\_

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

\_\_\_\_\_

Position: \_\_\_\_\_

3. **Name:** \_\_\_\_\_

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

\_\_\_\_\_

Position: \_\_\_\_\_

4. **Name:** \_\_\_\_\_

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

\_\_\_\_\_

Position: \_\_\_\_\_

5. **Name:** \_\_\_\_\_

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

\_\_\_\_\_

Position: \_\_\_\_\_

\_\_\_\_\_

Please provide nine copies of the following information with your application:

1. Education: List academic degrees, years awarded, institutions, location, and major or area of specialization.
2. Clinical Training: List site and dates of all internships, residency programs, practicum placements, advanced certificate training, or any other formal supervised training with names of direct supervisors and dates of supervision.
3. Professional Experience: Provide all post-training employment, dates, and brief description of the nature of the clinical work. Include private practice, and list supervisors and dates of supervision where applicable.
4. Psychoanalytically oriented studies: List coursework, workshops, or other psychoanalytic study taken beyond the highest advanced degrees.
5. Other studies and work experience relevant to your interest in psychoanalysis: For example, work in another field.
6. Personal Psychoanalysis/Psychotherapy History: List names of all prior and current therapists and analysts, include type of treatment, city of analysts and therapists, beginning and ending dates, and frequency of sessions. We will not be contacting your therapist.
7. Publications and Syllabi: The applicant should enclose copies of published papers and syllabi of courses taught, as well as any other material showing the nature of the applicant's knowledge of psychoanalytic theory and practice.
8. Personal Statement: The personal statement should provide a detailed description of the applicant's development as a clinician, including the nature of his or her clinical work and the supervision received. Applicants should also communicate on what basis they believe they should be considered as advanced candidates for psychoanalytic training and should include a description of how they have gone about acquiring the knowledge and clinical experience that they feel places them at an advanced training level.
9. Additional Materials: Send copies of a) a current curriculum vita; b) transcripts of all graduate work; c) current copy of license; and d) evidence of current malpractice insurance.

**Note: Please be sure that nine copies of materials are sent.**

**Deadline for completed application material is April 1st.**

Please send nine (9) copies of your fully assembled application material, along with a \$130 application fee made out to MIP, to:

**MIP**  
**288 Washington St. #343**  
**Brookline, MA 02445**

**NOTE: Applications will be reviewed when nine copies of all requested material and letters of**

reference are received. Please read fee information on p. 2 of the program description carefully.

**Deadline for completed application material, including all supporting materials is April 1st.**

The By-Laws for the Institute state that MIP shall not: ".....discriminate among applicants on the basis of any applicant's race, color, religious creed, national origin, sex, age, sexual orientation, ancestry, or marital status."