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816-512-7438

administrator@gkcpsa.org

(Use *Sendinc* to email securely – [Click here](#))

Application for Training in Psychoanalysis and Psychotherapy

Check one: Psychoanalytic Candidate Psychotherapy Candidate
 Academic Candidate Associate Academic Candidate

(See attached program descriptions at the end of the application.)

Applications are mailed or emailed securely (using Sendinc) to the Administrator at the address above and accompanied by:

1. Current résumé or curriculum vitae.
2. Copy of license to practice (not applicable for academic candidates).
3. Copy of current malpractice insurance for self or documentation of institutional insurance (not applicable for academic candidates).
4. Application fee of \$150 (check payable to: GKCPI) or online here: [Click here to pay online](#)

Application deadline is February 1st for the class forming the following September.

(Please type or print legibly)

Date _____

I. BIOGRAPHICAL AND CONTACT INFORMATION

Name _____ Birthdate _____

Social Security Number _____ Birthplace _____

Country of Citizenship _____

If not a United States citizen, indicate your type of visa under which you entered the United States and your current standing with the Federal Government for the duration of the program:

Relationship Status _____ Number of Children & Ages _____

Other Dependents _____

Office Address _____

Office Phone _____ Office Fax _____

Home Address _____

Home Phone _____ Cell Phone _____

Preferred Email Address _____

II. EDUCATIONAL AND PROFESSIONAL TRAINING

A. College(s), major and minor fields, degree(s), and date(s) conferred:

Graduate or medical school, major field(s) of study, degree(s), and date(s) conferred:

(Note: Psychotherapy and Psychoanalytic applicants are required to have 2 years of post-graduate clinical experience before starting classes.)

B. Internship, type of setting, dates of placement:

Residency and/or post-doctoral fellowship, type of setting, dates of placement:

C. Post-graduate training in psychotherapy/psychoanalysis, sponsoring organization/institute, dates of training:

If you have had any analytic treatment, list the length and frequency. Was it part of training requirements? Yes No

Dates of supervised clinical work, frequency, number of hours: (Not required for academic candidates.)

Amount of supervision/consultation received outside of a formal training program:

III. PROFESSIONAL PRACTICE OR ACADEMIC POSITION

- A. Your current practice (work for academic candidates) setting, position duties, and length of time in setting:

Types and ages of patients served:

Supervision or consultation provided:

Courses taught and research interests:

- B. If not included on vitae, list up to two previous positions:

IV. PROFESSIONAL CREDENTIALS AND ACCOMPLISHMENTS

A. Type of licensure, state(s) and date(s) issued, date(s) valid through:

**If you are not currently licensed in your state(s) of practice, or if provisionally licensed, describe the process and timetable to become independently licensed in your current or intended state(s) of practice:
(Note: Psychotherapy and Psychoanalytic applicants are required to have 2 years of post-graduate clinical experience before starting classes.)**

B. Board certifications:

E. Memberships in professional and scientific societies (if not listed on vitae):

E. Publications (if not listed on vitae):

E. Professional references: List three people familiar with your professional development and practice. For clinical candidates, at least one must be a clinical supervisor. Note: If provisionally licensed, one reference must be from your current state licensure supervisor. Please ask your references to mail, under separate cover, a letter attesting to your education and/or experience in your field as well as their assessment of your suitability for training. Letters are mailed (or emailed securely using Sendinc, [Click here for information](#)) to: Admissions Committee c/o GKCPI Administrator at the address at the top of this application. An Admissions Committee member may contact your references by phone.

Professional Reference 1

Name: _____

Title: _____

Address: _____

Phone: _____ Email: _____

Professional Reference 2

Name: _____

Title: _____

Address: _____

Phone: _____ Email: _____

Professional Reference 3

Name: _____

Title: _____

Address: _____

Phone: _____ Email: _____

V. DECLARATION OF LEGAL & ETHICAL STANDING

- A. Has anyone asserted or filed a claim or lawsuit against you contending that you breached any duty in providing professional care to a patient? Yes No

If yes, on a separate page, please describe fully the claim or lawsuit, when and where it was filed, and the status or outcome of the claim or lawsuit.

- B. Has an ethical complaint been lodged against you or have you self-recused to a membership organization or licensing board or have you ever paid a settlement in a malpractice lawsuit? Yes No

If yes, on a separate page, please describe fully the circumstances of the report, to whom and when the report was made, and the status or outcome.

- C. Have you ever been convicted of a crime other than a traffic violation? Yes No

If yes, on a separate page, please describe fully the action against you and the outcome.

- A. Have any of the following been denied (or in process of being denied), revoked, suspended, or limited; or have you been investigated, placed on probation, not renewed, or withdrawn or failed to proceed with an application because of a situation regarding any of the following:

- | | | |
|---|------------------------------|-----------------------------|
| Professional license in any state or district | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| DEA Controlled Substance registration | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Medical staff membership/clinical privileges | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Professional society membership | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Fellowship or board certification | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Professional liability insurance | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Academic appointment | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Any answered with yes, please describe fully on a separate page.

- E. Are you able to perform, if needed with reasonable accommodation as provided for under the Americans with Disabilities Act, all the tasks and responsibilities of a candidate? Yes No

If no, on a separate page, please describe fully the tasks and responsibilities you are unable to perform.

- F. Is your performance currently impaired due to addiction or dependence on intoxicating substances not prescribed by a licensed physician? Yes No

If yes, on a separate page, please describe fully your situation.

VI. PRACTICE AND PERSONAL QUESTIONS (Attach page(s) for each response.)

- A. Describe your professional practice and the types and ages of patients with whom you work best. If your practice is under development, describe your plan to begin seeing patients. For **academic candidates**, describe your professional setting and the work you do.
- A. In no more than three double-spaced pages, write an analytically informed summary of a patient you have treated in your practice. If available, include a process note of a session. For **academic candidates**, write about an application of psychoanalytic thinking or practice to your current career. **If you have any questions about how to write up a case or application, you are encouraged to talk with your Admissions Committee contact person.**
- A. Compose an autobiographical sketch of about 500 words to help us understand your personal development in which you outline your current family **and** your family of origin, and a brief description of your mother, father, and one other significant person and your relationship to each.
- A. Describe the history of your interest in psychoanalysis/psychoanalytic treatments including influences of teachers, books, films, previous analytic treatment and analytic training. Make note of your first awareness of and reactions to psychoanalysis. Describe the steps you have taken to prepare for your current application to GKCPI.
- E. Describe any previous psychotherapy/psychoanalysis and something about what you accomplished.
- F. Describe your professional goals and how training in psychoanalytic treatment informs these goals. How do you envision training will assist in your personal/professional development?

VII. FINANCES AND APPLICATION COMPLETION

- A. The fees for psychoanalytic training include:
Course Tuition: **\$850 per quarter**
Clinical Supervision: **Fees arranged with your supervisor. ****
Academic mentoring: **Fees arranged with your mentor. ****
Psychoanalysis: **Fees arranged with your analyst. ****
Advanced Candidate Fees: **\$250 per quarter**
Invoices for tuition/fees are provided at the beginning of each academic quarter.
- B. Describe your current financial situation including your resources and income available to fund your training.
- C. Describe any circumstances that might adversely affect your continued employment and financial solvency during your psychoanalytic training.
- D. Please check to make sure the following are included with your application.
- Application fee of \$150** (check payable to GKCPI).
 - Copy of your vitae or résumé.**
 - Copy of your current state license to practice that must correspond with your office address where you see patients** (not applicable for academic candidates).
 - Copy of your current malpractice insurance** (not applicable for academic candidates).
- E. The GKCPI Administrator will forward your application to the Chairperson of the Admissions Committee who will contact you to schedule your interview(s). The Chairperson may clarify certain matters regarding your application, and you are welcome at any time during the process to contact the Chairperson with questions or concerns. For **all applicants**, two interviews (1 or 2 hours each) with GKCPI Training Analysts or faculty members are required. Your interviewers will have reviewed your application prior to your interviews. Upon receipt of the interviewers' reports, the Admissions Committee will make a recommendation regarding your admission to the Education Committee of GKCPI. You will be informed by letter of the Education Committee's decision.

****For further details** about these negotiated fees, please see the document entitled "Financial Considerations for Psychoanalytic Training" on our website under Institute Application, at the bottom of the page: [Financial Considerations](#)

VIII. APPLICANT ATTESTATION*

I, _____, in making this application for admission for training in psychotherapy and psychoanalysis with GKCPI, agree that if I am admitted, I will abide by the terms of the constitution, bylaws, and policies and procedures of the Greater Kansas City-Topeka Psychoanalytic Center (GKCTPC), the Greater Kansas City Psychoanalytic Institute (GKCPI) and of the American Psychoanalytic Association (APsaA). I fully understand that any significant misstatement or omission in my application may constitute cause for non-admission or suspension from the program. To the best of my knowledge, I have no physical or mental limitations that would impair my ability to perform effectively as a psychoanalytic, psychotherapy, or academic candidate. I hereby authorize any persons listed as references to make available to the officers, faculty and staff of GKCPI information and records relevant to issues of my achievements, competence, character, and qualifications for training. This may include patient evaluations, and information concerning malpractice ratings, insurance coverage, claims settlements and judgments which involve me even if otherwise privileged or confidential. I hereby give my permission, and release and waive all claims related to the good faith furnishing or review of the information described above.

Unless otherwise indicated or requested, The Greater Kansas City Psychoanalytic Institute primarily uses email to disseminate information among its membership on a need-to-know basis. While the Institute takes reasonable steps to maintain the confidentiality of privileged material, no electronic transfer of data is completely secure. By signing below, you consent that information about yourself may be shared via electronic formats.

Applicant's signature

Date

***Please note:** Ensuring the confidentiality of all personal or sensitive material shared among online users is of the utmost importance to the Greater Kansas City Psychoanalytic Institute.

In that spirit, we are offering our applicants (as well as professional references) a secure way to submit application materials to us, if you so choose. More information is available on our website under Institute Application: [Sendinc Information](#)

Application deadline is February 1st for the class forming the following September.

PROGRAM DESCRIPTIONS

The first two years of classes are combined training. All candidates learn together in a collaborative atmosphere designed to share strengths and mentor those with less theoretical and practice experience. After year two, the psychoanalytic candidates and academic candidates continue with the remaining years of classes. A psychotherapy candidate may apply to continue training at any time.

Psychoanalytic Candidate: Clinical training designed to prepare licensed doctoral and masters-level psychotherapists with a current practice and two years of post-graduate clinical experience for a career that fully integrates the analytic attitude and the practice of psychoanalytic psychotherapy and psychoanalysis. A personal analysis and ongoing clinical supervision are required. An advisor is assigned to help navigate the program and your analytic practice development.

Psychotherapy Candidate: Clinical training designed to deepen the skills and understanding of psychoanalytic psychotherapy for licensed clinicians with a current practice and two years of post-graduate clinical experience. Ongoing clinical supervision is required, and psychoanalytic treatment is encouraged. An advisor is assigned to help navigate the program and your psychotherapy practice development.

Academic Candidate: Academic training in psychoanalysis designed for doctoral and masters-level professionals outside of mental health who are dedicated to applying psychoanalytic thinking and perspectives in their chosen career. Academic Candidates take the four years of classes with psychoanalytic candidates and are required to have a personal analysis with a graduated analyst. A mentor is selected to help define and develop a final written project and to fully integrate the learning within one's career. An advisor is also assigned to help navigate the program.

Associate Academic Candidates: Two-year academic training in psychoanalysis designed for doctoral and masters-level professionals outside of mental health who are dedicated to applying psychoanalytic thinking and perspectives in their chosen career. Associate Academic candidates take the first two years of classes with psychotherapy and psychoanalytic candidates and are encouraged to have an analytic treatment with a graduated analyst. An advisor is assigned to help navigate the training program and integrate the learning within one's career. Associate Academic Candidates may apply to continue training as an Academic Candidate.

Advanced Candidate: An advanced candidate has completed course seminars and is still working on the clinical requirements of training. Advanced candidates may be eligible to serve as co-instructors with a senior faculty member in the seminars. All candidates in classes and beyond are encouraged to serve on a committee of the Institute or Center.

Classes are held from September through May at the Institute. An academic year consists of four quarters with two didactic courses and a continuous case seminar per quarter.