

Application  
**Advanced Psychodynamic Psychotherapy**  
 A Two-Year Training Program of the  
 Nashville Psychoanalytic Study Group

Date: \_\_\_\_\_  
 Application Fee Included (\$60)

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

Work Address: \_\_\_\_\_  
street city state zip

Home Address: \_\_\_\_\_  
street city state zip

Telephone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

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

Date and Place of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_

**Educational Background (College and Graduate Programs)**

Dates	Degree	Institution

### Current Work Experience

Dates	Employer	Position	Description

### Previous Work Experience

Dates	Employer	Position	Description

### Supervision or Consultation (current and previous)

Supervisor/Consultant	Dates	Frequency

### Personal Analysis or Therapy

(Your therapist will not be contacted.)

Therapist or Analyst	Session Frequency	Dates: From/To	Approximate Total # of Sessions

Describe any special circumstances that might affect or complicate your participation in this program:

What are your goals in undertaking this program?

Describe your experience doing psychotherapy or counseling. Please include specific information about the type of treatment offered, the number of patients, the frequency and length of sessions. This may be included as an attachment to the application.

## References

Please list two references who know you and your work as a psychotherapist. Your signature on this application form indicates that you give your permission for us to contact the the references listed below.

Name	Address

There is a \$60 application fee. Please enclose a check payable to the Nashville Psychoanalytic Study Group.

I understand that my application and progress within this program will be subject to assessment by the instructors in the program and agree to abide by this assessment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Send your application to:

APP -- Nashville Psychoanalytic Study Group  
c/o Marsha Robertson, LCSW  
1708 Stokes Lane  
Nashville, TN 37212