



**CINCINNATI
PSYCHOANALYTIC
INSTITUTE**

Resolving Life's Issues through in-depth Understanding

ADVANCED PSYCHOTHERAPY PROGRAM

APPLICATION

SECTION I

Name: _____ Degree: _____

Work Address: _____

City: _____ State: _____ Zip Code: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Numbers (including area codes):

Office: _____ Home: _____

Email Address: _____

SECTION II: Education & Training

(Specify schools, locations, dates of graduation or completion, and degrees or certificates earned):

Undergraduate: _____

Graduate or Medical School: _____

Internship or Residency: _____

Fellowships: _____

Postdoctoral Training: _____

SECTION III: Professional Experience

(List past and present clinical activities)

Additional education or training:

3001 Highland Avenue
Cincinnati, OH 45219

Phone: 513-961-8886
Fax: 513-961-0308
cpiadministrator@3001.us

Supervision experience:

ADMISSIONS

Letters of Reference: Two letters of reference from sources of your choice are required for acceptance. They should be mailed to the address below.

Personal Interviews: Personal interviews are required for acceptance into the program. We will send you a schedule upon receipt of your application.

Please copy this application and submit two (2) copies of the completed application form; 2 copies each of your resume, present licensure and/or certification, malpractice insurance, and case report*; and a nonrefundable \$100 application fee to:

Marcia Kaplan, MD
Advanced Psychotherapy Program Director
Cincinnati Psychoanalytic Institute
3001 Highland Avenue
Cincinnati, OH 45219-2315

* CASE REPORT OUTLINE

1. Identifying information and presenting problem
2. Personal/social/medical histories (including history of presenting problem)
3. Formulation
4. Review of treatment to date
5. Description of a therapeutic intervention and client/patient response
6. Understanding of #5