



Thank you for your interest in applying for admission to the Minnesota Psychoanalytic Institute.

Enclosed please find an application packet, which includes an application form and requests for three letters of recommendation. The final page of the form includes a checklist of the information to be submitted in order to complete the application process.

Please submit a two to three page personal statement with your application form. The personal statement should be a narrative description of the development of your interest in psychoanalysis and of the factors or experiences that culminated in your decision to seek psychoanalytic training. In addition, a \$200.00 application fee, a copy of your curriculum vitae, and a summary of your current clinical practice should be included with the completed application form. The summary of your cases should include a listing of cases classified according to gender, modality of treatment, frequency of sessions, and length of treatment.

After we have received all of the information requested above, you will be asked to contact three interviewers to schedule individual interviews. Please let me know as soon as possible if you have reason not to be interviewed by an interviewer (such as a previous or current psychotherapeutic relationship with the interviewer). The assigned interviewer will be replaced by an alternate.

Again, thank you for your interest in our Institute. We look forward to receipt of your completed application. Please do not hesitate to contact me at your earliest convenience if you have any questions or if I can be of assistance to you at any time during the application process. My office and home telephone numbers are listed below.

Sincerely,

Hal Steiger, Ph.D.
Co-Chair, Admissions Committee

Office telephone: 612-824-2619
Steiger.hal@gmail.com

Application for Psychoanalytic Training

Confidential

Date: _____

Name: _____

Home Telephone: (____) _____ Office: (____) _____

Fax: (____) _____ E-mail: _____

PLEASE CHECK PREFERRED MAILING ADDRESS

Home Address: _____

City: _____ State: _____ Zip Code: _____

Office Address: _____

City: _____ State: _____ Zip Code: _____

Undergraduate Education: Institution, city, state, country; degrees, honors, dates:

Graduate Education: Institution, city, state, country; degrees, honors, dates; title of thesis/dissertation:

Social Work, Medical, Psychology or Psychiatry Internship (if applicable): Institution, city, state, country, dates; full names and titles of supervisors, with number of hours of supervision:

Postgraduate Clinical Training or Residency (if applicable): Institution, city, state, country, dates; full names and titles of supervisors, with number of hours of supervision:

Research Experience: _____

Teaching Experience: _____

Supervising Experience: _____

Other Professional Interests and Activities: e.g., community work, professional organizations, publications:

Please give a brief description of your practice: _____

Please describe supervision, if any, after completion of formal education/training: _____

References (with addresses): People familiar with you and your clinical work:

1. _____

2. _____

3. _____

Do you have any history of ethical, legal, or professional violations? Are there any charges in these regards pending against you? If yes, please elaborate:

Please add additional pages if more space is required for any of the above questions.

I hereby authorize the Admissions Committee of the Minnesota Psychoanalytic Society and Institute (MPSI) to communicate with any of the above-named supervisors and references for information about my qualifications and hereby release the Admissions Committee, its officials, employees, and agents from any and all liability in connection with the acquisition and use of such information.

Date: _____ Signed: _____

The Minnesota Psychoanalytic Society and Institute does not discriminate on the basis of race, creed, color, sex, age, sexual orientation, national origin, or handicap in admissions, administration of its educational programs, scholarship and loan programs, or employment.

Please send the following items with your application form

- 1. Personal statement that describes your experience and interest in psychoanalysis and psychoanalytic training
 - 2. Curriculum vitae
 - 3. Photocopy of your state license
 - 4. Photocopy of your graduate or medical school diploma
 - 5. Application fee
 - 6. Description of current cases
 - 7. Photocopy of the Certificate of Insurance from your professional liability insurance policy
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If you request credit for previous training in psychoanalysis, please include:

- Names of institutes attended
- Seminars and courses taken
- Supervised clinical work completed and ongoing
- Name of training analyst
- Number of hours of didactic analysis completed

Please submit original application and 10 copies of all materials to the following address:

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*Hal Steiger, Ph.D.
3108 Hennepin Ave S
Minneapolis, MN 55408*



(date)

Dear _____,

_____ is seeking admission to the Minnesota Psychoanalytic Institute as a candidate for
(Applicant)
psychoanalytic training and has submitted your name as a professional reference.

Could you please send a letter of reference on behalf of the applicant within ten days? Please include your assessment of the applicant's clinical skills, commitment, and adherence to ethical standards.

Please send your letter to the following address:

*Hal Steiger, Ph.D.
3108 Hennepin Ave S
Minneapolis, MN 55408*

Your letter will be kept in confidence. The signature of the applicant below indicates a waiver of the right to examine your letter of reference.

Sincerely,

Hal Steiger, Ph.D.
Co-Chair, Admissions Committee

(Applicant signature)



(date)

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