



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 us know as soon as possible if you have reason not to be interviewed by any of the designated interviewers - such as a previous or current psychotherapeutic relationship with the interviewer – and 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 us at your earliest convenience if you have any questions or if we can be of assistance to you at any time during the application process.

Sincerely,

MPI Admission Committee

Application for Psychoanalytic Training

Confidential

Date: _____

Name: _____

Phone: (____) _____ E-mail: _____

Address: _____

City: _____ State: _____ Zip Code: _____

(attach additional sheets as necessary)

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:

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
-

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:

*MPSI
Attn: Admissions
825 Nicollet Ave South #1950
Minneapolis MN 55402*



(date)

Dear _____,

_____ is seeking admission to the Minnesota Psychoanalytic Institute as a
(Applicant)
candidate for 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:

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Attn: Admissions
825 Nicollet Ave South #1950
Minneapolis MN 55402*

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,

MPI Admissions Committee

(Applicant signature)



(date)

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