

PSYCHOANALYTIC PSYCHOTHERAPY TRAINING PROGRAM (PPTP)

A program of MPSI – the Minnesota Psychoanalytic Society and Institute

www.mpsi.org

pptp@mpsi.info

612-200-4141

Application for Psychotherapy Training Program

(please print)

Application should be accompanied by:

1. Current resume or curriculum vitae
2. Copy of license to practice (submit if available or describe where you are in the licensure process)
3. Copy of current malpractice insurance (if self-insured)
4. A personal statement describing why you are interested in participating in this program
5. Letters of recommendation from two references

Name: _____

Mailing Address: _____

Phone: _____

Primary email: _____

DECLARATION OF LEGAL AND ETHICAL STANDING

1. 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 identify the claimant, the name of any lawsuit, where it was filed, and the outcome of the lawsuit or claim.

2. Has anyone asserted or filed a claim or lawsuit against you which would be regarded as a serious reflection on your integrity and moral character?

Yes

No

If yes, on a separate page please identify the action against you and its outcome.

3. Have you ever been required to report an ethical violation to your licensing board or paid a settlement in a malpractice lawsuit?

Yes

No

If yes, on a separate page please describe the circumstances, including the name or names of the persons being paid a settlement, name of any lawsuit involved, and the court in which the lawsuit was filed.

Signed: _____

Date: _____

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

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