

PSYCHOANALYTIC
CENTER OF
CALIFORNIA **PCC**
11500 W. Olympic Boulevard, Suite 445
Los Angeles, CA 90064

Phone: (310) 478-4347 ● Fax: (310) 996-0237 ● E-Mail: office@p-c-c.org

Dear Applicant:

Thank you for your interest in the Psychoanalytic Center of California (PCC). Attached please find an application for our Psychoanalytic Psychotherapy Program: **Principles of Psychoanalytic Diagnostics and Treatment of Early Developmental Pathologies**. We welcome your application and your questions.

If you wish to apply for this program, please provide the following:

1. Completed Application for Admission form
2. Application fee of \$50.00 – payable to PCC

The above materials may be mailed to:

The PPP Committee
The Psychoanalytic Center of California
11500 W. Olympic Boulevard, Suite 445
Los Angeles, CA 90064

The application may also be emailed to: office@p-c-c.org

Completed application must be received by **December 15th** of this year in order to be considered for winter matriculation. If you have any further questions about the Institute or the admissions process, please feel free to contact Jennifer Langham, PhD at drjlangham@yahoo.com, or Deborah Sandy, PsyD at 310-383-0761 or via email at Debbie.sandy@gmail.com.

Sincerely,

Drs Jennifer Langham, PhD and Deborah Sandy, PsyD
Co-Chairs, Psychoanalytic Psychotherapy Committee

**PSYCHOANALYTIC CENTER OF CALIFORNIA
PSYCHOANALYTIC PSYCHOTHERAPY PROGRAM**
Principles of Psychoanalytic Dialogue and Treatment of Early Developmental Pathologies
Deadline for Application: December 15, 2021

Please submit this application along with a non-refundable \$50 application fee

PART I - General Information

(Please print or type)

Date _____

NAME:

Last	First	Middle
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ADDRESS:

Home: _____

Street	Suite #	City and State	Zip
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Office: _____

Street	Suite #	City and State	Zip
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PHONE:

Home: _____ Office: _____ Fax: _____ E-mail _____

LICENSE:

Type/License _____ Year of License _____ License # _____

MALPRACTICE INSURANCE: Company _____ Policy No. _____

PART 11 - Ethical Standing

1. Have you ever been convicted of a felony?

Yes _____ No _____

2. Have you ever had your license to practice psychotherapy restricted, suspended or revoked?

Yes _____ No _____

3. Have you ever resigned, been suspended, been put on probation, or been terminated from a professional organization or from a medical staff?

Yes _____ No _____

4. Have you ever been denied medical staff privileges or had your medical staff privileges restricted?

Yes_____ No_____

5. Has anyone asserted or filed claim or lawsuit against you contending that you breached any duty in providing professional care to a patient?

Yes_____ No_____

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

Yes_____ No_____

7. Have you ever been required to report a settlement to your licensing board or to the National Data Bank?

Yes_____ No_____

If the answer to any of the 7 questions above is "Yes," please describe the circumstances, including the name or names of the person being paid a settlement, name of any lawsuit involved, and the court in which the lawsuit was filed. You are under obligation to update PCC with regard to any of the above ethical items should there be any changes. If you are accepted to this Program, you agree to promptly notify PCC in writing if any of the above should change.

PART III – Release and Agreement

I understand that my application and progress in this Psychoanalytic Psychotherapy Program will be subject to assessment by the instructors and supervisors. I release the Psychoanalytic Center of California, its Institute and Society, from all blame and liability in all circumstances including rejection of my application and/or discontinuance of my course participation.

In addition, I understand and agree that consideration of this application by the Institute and my participation in the program is at the sole discretion of the Institute and PPP Committee, and under no circumstances will the Institute, its officers, trustees, faculty, employees or members be held liable by reason of any action or inaction in relation thereto.

I also understand that this program is not being represented as training for practice in psychoanalysis, but as a supplement to existing theoretical knowledge and clinical skills in psychoanalytic psychotherapy. Therefore, I understand that upon completion of the course, I will not represent myself as a practicing psychoanalyst or a graduate of the PCC Institute Training Program in Psychoanalysis.

The Psychoanalytic Center of California admits qualified applicants and does not discriminate on the basis of race, color, sex, religion, age, handicap, national or ethnic origin in the admission of any of its educational or admission policies, financial aid programs and other school administered programs.

Finally, I have read the accompanying PCC brochure for this Program and agree to abide by the policies and procedures.

Signature: _____

Date: _____

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