

PSYCHOANALYTIC  
CENTER OF  
CALIFORNIA **PCC**  
3200 Motor Avenue  
Los Angeles, CA 90034

Phone: (310) 478-4347 • Fax: (310) 996-0237 • E-Mail: [office@p-c-c.org](mailto:office@p-c-c.org)

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Thank you for your interest in the Psychoanalytic Center of California (PCC). Attached please find an application for our Psychoanalytic Psychotherapy Program that you requested. We welcome your application and your questions.

If you wish to apply for the Child Psychoanalytic Psychotherapy Program, please provide the following:

1. Completed Application for Admission form
2. A Statement of Interest
3. Official Transcripts of all post-baccalaureate work
4. Copy of your current Malpractice Insurance
5. Copy of your current professional license
6. Two (2) letters of reference
7. Application fee of \$50.00 – payable to PCC

The above materials should be mailed to:

Psychoanalytic Psychotherapy Program Committee  
The Psychoanalytic Center of California  
3200 Motor Avenue  
Los Angeles, CA 90034

Completed application must be received by **June 30<sup>th</sup>** of this year in order to be considered for fall matriculation. If you have any further questions about the Institute or the admissions process, please feel free to contact Deborah Sandy, Psy.D. directly at 310-383-0761 or via email at [Debbie.sandy@gmail.com](mailto:Debbie.sandy@gmail.com).

Sincerely,

Deborah Sandy, Psy.D.  
Chair, Psychoanalytic Psychotherapy Committee

Enclosures

**CHILD PSYCHOANALYTIC CENTER OF CALIFORNIA  
PSYCHOANALYTIC PSYCHOTHERAPY PROGRAM**

**Deadline for Application: June 30<sup>th</sup>**

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

Social Security # \_\_\_\_\_ California ID or Driver's License # \_\_\_\_\_

**ADDRESS:**

Home: \_\_\_\_\_  
Street Suite # City and State Zip

Office \_\_\_\_\_  
Street Suite # City and State Zip

**PHONE:**

Home: \_\_\_\_\_ Office: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail \_\_\_\_\_

**LICENSE:**

Are you licensed to practice? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, where \_\_\_\_\_

Type/License \_\_\_\_\_ Year of License \_\_\_\_\_ California License # \_\_\_\_\_  
(Please attach copy of current license.)

**MALPRACTICE INSURANCE:** Company \_\_\_\_\_ Policy No. \_\_\_\_\_  
(Please attach copy of policy currently in force.)

**PERSONAL DATA:**

Date of Birth: \_\_\_\_\_ Place of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ # of Children \_\_\_\_\_

**OPTIONAL:**

Asian \_\_\_\_\_ Black \_\_\_\_\_ Hispanic \_\_\_\_\_ Latin \_\_\_\_\_ Native American \_\_\_\_\_ White \_\_\_\_\_ Other \_\_\_\_\_ (Specify)

**EMERGENCY CONTACT PERSON:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**PERSONAL EXPERIENCE OF PSYCHOTHERAPY IS A PREREQUISITE:**

Are you now or have you been in psychotherapy or psychoanalysis? Yes\_\_\_\_\_ No\_\_\_\_\_

Currently\_\_\_\_\_ When?\_\_\_\_\_ How long?\_\_\_\_\_ Frequency? \_\_\_\_\_

### **OTHER PROGRAMS:**

Please indicate any other programs to which you are applying.

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### **PART II – Relevant Health History**

Are you disabled? Yes\_\_\_\_\_, No\_\_\_\_\_

If yes, do you have special needs with respect to your disability?

### **PART III - Curriculum Vitae**

#### **Educational Background**

Please list all collegiate, graduate and professional education and training (with degrees and dates):

#### **Occupational Experience**

List experience of the past five years, indicating position(s) held at the time of application

#### **Other Professional Activities**

List active memberships, teaching positions, research projects, publications, etc.

### **PART IV - Statement of Interest**

Please write a short statement of your interest in this Psychoanalytic Psychotherapy Program.  
(Please **attach** to this application form.)

### **PART V - 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 Psychoanalytic Psychotherapy Program, you agree to promptly notify PCC in writing if any of the above should change.

**PART VI - References: Please have the below two persons forward letters of reference to the PCC at:**

**3200 Motor Avenue  
Los Angeles, CA 90034**

1. Name:\_\_\_\_\_ Phone:\_\_\_\_\_

Address:\_\_\_\_\_

City/State/Zip:\_\_\_\_\_

2. Name:\_\_\_\_\_ Phone:\_\_\_\_\_

Address:\_\_\_\_\_

City/State/Zip: \_\_\_\_\_

## **PART VII - Release and Agreement**

I understand that my application and progress in the 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 Psychoanalytic Psychotherapy Program is at the sole discretion of the Institute and Psychoanalytic Psychotherapy Program 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 the Psychoanalytic Psychotherapy 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.

I authorize the Institute and the Psychoanalytic Psychotherapy Program Committee to communicate with the individuals listed in the references above.

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_