

PSYCHOANALYTIC
CENTER OF
CALIFORNIA **PCC**

11110 Ohio Avenue, Suite 106

Los Angeles, CA 90025

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

Thank you for your interest in the Psychoanalytic Center of California (PCC) Training Institute. Enclosed are our Psychoanalytic Training Catalog and other materials that may be of interest to you. We welcome your application and your questions.

If you wish to apply for psychoanalytic training, please provide the following:

1. Complete *Application for Admission* form
2. Two (2) recent full-face photographs (2" x 3")
3. Personal Statement (4 - 5 typewritten pages)
4. Official Transcripts of all post-baccalaureate work
5. Three recommendation letters
6. Application fee of \$100.00 – payable to PCC.

The above materials should be mailed to:

Admissions Committee

The Psychoanalytic Center of California

11110 Ohio Avenue, Suite 106

Los Angeles, CA 90025

Completed application must be received by May 15th of this year in order to be considered for full matriculation. However, we do encourage everyone to apply early. When unusual circumstances prevail an applicant may contact the Chair of Admissions to ascertain whether an extension of the May 15th deadline might be granted.

You will be requested to have three interviews with PCC faculty members. If you have any further questions about the Institute or the admissions process, please call the Chair of Admissions, Dr. David Goldstein at (310) 208-0107.

Sincerely,

David Goldstein, Ph.D.
Chair, Admissions Committee

Enclosures

TRAINING INSTITUTE

APPLICATION

FOR

ADMISSION

The Psychoanalytic Center of California

11110 Ohio Avenue, Suite 106
Los Angeles, California 90025

Phone: (310) 478-4347

E-mail: office@p-c-c.org

Website: www.p-c-c.org

APPLICATION FOR ADMISSION
To The Psychoanalytic Center of California Training Institute
Applications due by May 15th
(We encourage everyone to apply early).

PART I
(Please print or type)

Date _____

Name _____
Last First Middle

Social Security # _____ Calif. ID or Driver's License # _____

ADDRESS:

Home _____
Street Unit #

_____ City and State Zip

AFFIX
RECENT

Office _____
Street Suite #

PHOTO
HERE

_____ City and State Zip

PHONE: Home _____ PHONE: Office _____

E-mail Address _____ Fax _____

LICENSE:

Are you Licensed to practice? Yes _____ No _____ If yes, where _____

Type/License _____ Year of License _____ California License # _____

PERSONAL DATA:

Age _____ Place of Birth _____ Date of Birth _____

Male _____ Female _____ Married _____ Single _____ Divorced _____ Widowed _____ # of Children _____

OPTIONAL:

Asian _____ Black _____ Hispanic _____ Latin _____ Native American _____ White _____ Other (please specify): _____

EMERGENCY CONTACT PERSON:

Name _____ Relationship _____

Address _____ Phone # _____

HISTORY OF PERSONAL TREATMENT:

Are you now or have you been in:

Psychoanalysis: Yes _____ No _____

Psychodynamic Psychotherapy: Yes _____ No _____

Name of Analyst/Therapist _____
(To insure confidentiality, this information will be available to the Chairs of the Admissions Committee Only).

Date(s) Began _____

Date Ended _____

Hours per Week _____

Total Hours/Years _____

PART II

RELEVANT HEALTH HISTORY:

Are you disabled? Yes _____ No _____

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

Please list medical conditions for which you have been, or are currently being treated: (Use a separate sheet of paper if needed.)

PART III -- Curriculum Vitae

EDUCATIONAL BACKGROUND:

Official Transcripts of your post-baccalaureate training must be forwarded to:

**Admissions Committee
The Psychoanalytic Center of California
11110 Ohio Avenue, Suite 106
Los Angeles, CA 90025.**

Please list all collegiate, graduate and professional education (use additional sheets of paper if needed):

OCCUPATIONAL EXPERIENCE:

List experience of the past five years, indicating percentage of time employed (use additional sheets of paper if needed):

OTHER PROFESSIONAL ACTIVITIES:

List all active memberships, research projects, publications, etc.

PART IV

PERSONAL STATEMENT:

Please attach a personal statement. (Approximately five typewritten, double-spaced pages.)

INSTRUCTIONS

The personal essay is an opportunity for you to convey to the Admissions Committee a view of the person who may become a fellow psychoanalyst. We do not wish to impose set parameters for the style you might use, but we encourage you to be autobiographical in your approach. Please include a description of your early family life, specific relational issues from this period that have influenced your development and character, and subsequent meaningful relationships up to the current time. Continue your essay by addressing the following series of questions:

WHY PSYCHOANALYSIS?

What has led you to your interest in psychoanalysis? Include specific experiences, relationships, and even struggles in your clinical work that have influenced your decision to pursue psychoanalytic training. What do you hope to gain from training, both personally and professionally? How do you hope training will change your work?

WHY NOW?

What brings you to pursue training at this particular time? Why do you believe this is the right time to begin? What difficulties and challenges do you anticipate? In what ways will you handle and address these challenges; what are the personal qualities which equip you to do so? Describe the current context of your life and how you feel training will fit into it.

WHY PCC?

What are the specific reasons you choose to apply to PCC? Why do you believe training at PCC is right for you?

ADDITIONAL COMMENTS

If you wish to provide further elaboration of elements of your history, professional or personal, or of your application, please incorporate these into your personal statement.

Have you ever had a license or certificate revoked? Yes _____ No _____

Have you ever been dismissed or suspended from any school? Yes _____ No _____

Have you ever been convicted of a felony? Yes _____ No _____

If you answered "yes" to any of the above, give details concerning those events on a separate sheet of paper.

PART V

REFERENCES:

Please give three references who will be forwarding letters of recommendation to the Admissions Committee:

- 1.) Name _____ Phone _____
Address _____
City/State/Zip _____

- 2.) Name _____ Phone _____
Address _____
City/State/Zip _____

- 3.) Name _____ Phone _____
Address _____
City/State/Zip _____

PART VI

APPLICATION, RELEASE AND CONDUCT

- A. I hereby make application for admission to the Training Institute of the Psychoanalytic Center of California. I grant the Admissions Committee full permission to correspond with former teachers, deans, and references regarding my knowledge, training, experience, and personality. To the best of my knowledge, the information I have provided in this APPLICATION FOR ADMISSION TO THE PSYCHOANALYTIC TRAINING INSTITUTE is true and complete.

- B. I release the Psychoanalytic Center of California Institute and Society from all blame and liability in all circumstances including rejection of my application, and/or discontinuance of my training after it has commenced. It is understood that suitability and aptitude for psychoanalytic training cannot be fully determined during the Admissions process, and will be reassessed at regular intervals throughout the training program.

- C. If accepted and enrolled as a Candidate in the Psychoanalytic Center of California Training Institute, I pledge to not represent myself as a practitioner of psychoanalysis until I am authorized to do so by the Education Committee of the Psychoanalytic Center. Annually, I will provide the PCC Administrative office with proof of my professional liability insurance coverage, and a current copy of the mental health license under which I practice. I do further understand that unethical or unprofessional conduct such as cheating, plagiarism, misrepresentation, or assault - either physical, verbal or sexual - constitutes cause for dismissal.

DISCLOSURE

D. I understand that the Certificate curricula of the Psychoanalytic Center of California Institute consist of four years of classes taken consecutively on a trimester system, two classes per 12-week trimester. Over the period of four years, Candidates complete at least 576 class hours or 48 trimester units. If working toward the Certificate in Child Psychoanalysis, Candidates take an additional 20 units. I have been provided the *Catalog* of the Psychoanalytic Center of California Institute, wherein are included descriptions of the Certificate programs, curricula, and fees.

E. I understand that student and other administrative files are maintained, and that administrative activities take place, at the PCC Administrative Office located at 11110 Ohio Avenue, Suite 106, Los Angeles, CA 90025; but that classes are conducted in the private offices of PCC faculty (an address/work telephone roster of faculty has been made available to me). I also understand that the Psychoanalytic Center of California is obligated to acquaint me with the PCC Administrative Facilities, and to make a representative instructor's office available for viewing, if requested by me, prior to my final acceptance of a place in the training program

F. I understand that the APPLICATION FOR ADMISSION TO THE PSYCHOANALYTIC TRAINING INSTITUTE becomes legally binding after the application has been considered and approved by the Admissions and Education Committees of the PCC and I have received written notice of same, and after I have confirmed/finalized in writing, under separate cover addressed to the PCC Administrative Office, my acceptance of a place in the training program, and after I have attended the first session of instruction. I understand that the Psychoanalytic Center of California retains the right to determine the number of persons necessary to constitute a matriculating class. In the event that a matriculating class is not constituted, no tuition, registration or dues will be retained by the Institute.

My signature below indicates that I have read, understood, and agreed to the terms contained in application items A through C – APPLICATION, RELEASE AND CONDUCT – and Application Items D through F – DISCLOSURE.

SIGNATURE _____

DATE _____

PART VII

REGISTRATION, TUITION AND FEES

| | |
|--|-----------|
| Application Fee (non-refundable) | \$ 100.00 |
| Registration (one time only at beginning of program) | 100.00 |
| Student Tuition Recovery Fund (STRF)* - (Non-Refundable) | 0.00 |
| Late Registration Fee | 75.00 |
| Tuition per Course (2 units) per Trimester | 400.00 |
| Repetition of Final Exam (non-refundable) | 150.00 |
| Clinical Affiliate Dues (annual) | 35.00 |
| PCC Library Fee (annual) | 50.00 |
| <i>Leave of Absence (annual)</i> | 300.00 |

***STRF Assessment rate for enrollment agreements signed on or after January 1, 2015 – (\$0.00 per trimester).**

***Training Analysis (See Below)**

***Supervision (See Below)**

All fees are subject to change

Enrollment in two courses per trimester during the Seminar years (Candidate years I through IV) is required unless other arrangements have been made, in writing, with the Candidate Progression Committee. Tuition and Registration fees are paid each trimester for Candidate years I through graduation, and payment must be made prior to beginning classes.

All Candidates pay yearly Clinical Affiliate Membership Dues of \$35 and an annual Library Usage Fee, \$50, -both of which are billed in the fall. Reading materials are not provided by the Institute, and are the responsibility of the Candidate.

Each trimester, a SCHEDULE OF COURSES and REGISTRATION FORM are mailed to all Candidates approximately four weeks prior to the first day of classes. Completed registration forms and appropriate fees are due in the PCC Administrative Office by the date stated on the REGISTRATION FORM, or a \$75 late fee is assessed.

*** Fees and method of payment for Candidates' Training Analyses, and Supervision sessions (minimum of 200 hours over three control cases), are negotiated between the Candidate and Training Analyst/Supervisor(s). Fees for Training Analysis, and Supervision sessions can be expected to range from \$100 to \$150 per session/hour.**

My signature below indicates that I have read, understood and agreed to the terms contained in REGISTRATION, TUITION AND FEES, this page.

SIGNATURE _____ DATE _____

PART VIII

CANCELLATION AND REFUND POLICY

BUYER'S RIGHT TO CANCEL - Effective January 1, 1990

A Candidate who wishes to cancel enrollment and receive a refund may address his or her request, in the form of a certified letter, to the Office Manager of the Psychoanalytic Center of California, 11110 Ohio Avenue, Suite 106, Los Angeles, CA 90025. The Candidate's letter should include dates of all instruction sessions attended, date of last instruction session attended, and refund amount requested, in keeping with the following refund formula. The Institute shall pay or credit refunds of tuition, dues or other refundable fees within a reasonable amount of time, not to exceed 30 days following the date upon which the student's withdrawal is determined.

| # OF CLASS HOURS ATTENDED | AMOUNT OF REFUND |
|---------------------------|------------------|
| 0 Class Hours | 100% |
| 12 Class Hours | 75% |
| 24 Class Hours | 50% |
| 29 Class Hours | --0-- |

No refunds will be given after completion of 60%, or 29 class hours, of a trimester.

My signature below certifies that I have read, understood and agreed to my rights and responsibilities, and that the Institute's CANCELLATION AND REFUND POLICY has been clearly explained to me.

SIGNATURE OF APPLICANT _____ DATE _____

I certify that the Psychoanalytic Center of California has met all disclosure requirements.

SIGNATURE OF DEAN OF THE INSTITUTE _____ DATE _____