

The C.G. JUNG INSTITUTE OF CHICAGO

203 North Wabash Avenue, Suite 1618

Chicago, Illinois 60601

Phone: (312) 701 – 0400

Fax: (312) 701 – 0403

ANALYST TRAINING PROGRAM APPLICATION FOR TRAINING

Name:

Address:

Home Phone:

Office Phone:

Office Address:

Present Occupation:

How long have you been employed in this position?

Place of Birth:

Date of Birth:

Name of Institutions of education attended (grade school through graduate and/or professional school) with degrees granted and dates of attendance. Please have the transcripts from college and graduate schools sent to the Institute:

List all licenses, certificates, or Board accreditations:

Professional Affiliations and Memberships:

Publications:

Clinical Experience (individual, group, marital, number of years - including field work):

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Please list the name(s) and addresses of your supervisor(s):

Personal Analysis and Therapy experience, include name, address of analyst/therapist, dates started/ended. Please contact them and ask them to write us on your behalf and include the dates and hours of analysis:

List the names and addresses of three professional references. Please contact them and ask them to write us on your behalf:

Please state how you plan to pay tuition costs. For example, with loans, current income, spousal support, etc:

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How did you hear of The C.G. Jung Institute of Chicago?

Please write a brief autobiographical essay. Include a statement of why you wish to attend The C.G. Jung Institute of Chicago and how you intend to use the training, if completed. The essay should be typewritten and approximately 2000 words.

Please enclose the following with your application: (1) a recent photograph, (2) a copy of your licensure in the state in which you are licensed to practice psychotherapy, (3) a copy of your current malpractice insurance certificate, (4) a copy of your curriculum vitae, (5) your typewritten autobiographical statement, (6) your academic transcripts from colleges and graduate schools, and (7) a non-refundable application fee of \$350 (check or money order) made payable to The C.G. Jung Institute of Chicago.

It is the applicant's responsibility to ask all personal analysts to send letters certifying the number of hours and the dates of analysis directly to the Chairperson of the ATP Admissions Committee.

This application and supporting materials should be sent before March 1st to:

Director, Analyst Training Program
The C.G. Jung Institute of Chicago

203 North Wabash Avenue, Suite 1618
Chicago, Illinois 60601

Non-Discrimination Policy: “The Institute shall not discriminate on the basis of race, gender, sexual orientation, religious affiliation, ethnic or national origin, age, or physical handicap.”

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WAIVER FOR PROSPECTIVE CANDIDATES

I have read the Brochure of the Analyst Training Program of The C.G. Jung Institute of Chicago. If I am accepted as a candidate, I agree to abide by the rules and regulations as described therein.

As an applicant for admission to the Analyst Training Program, I also hereby agree to the following:

1. I understand that the Institute, in granting the title “Jungian analyst/psychoanalyst” assumes no responsibility whatsoever for that aspect of my preparation which concerns the legal requirements pertaining to the practice of psychology or psychotherapy in the state in which I practice.
2. I assume full responsibility in all matters of professional ethics, and, specifically, for meeting any legal requirements governing the practice of psychotherapy or the use of professional titles mandatory in the state in which I practice.
3. I agree not to engage in practice as a Jungian analyst/psychoanalyst, or to style myself as such until authorized to do so by the Training Committee of this Institute or by another training institute recognized by the International Association of Analytical Psychology.
4. I have not been convicted of any crime, including any sex-related or child abuse-related offenses. Moreover, I have not had a lawsuit filed against me for charges of professional misconduct in the state in which I practice.

Signed: _____

Date: _____

SUBSCRIBED AND SWORN TO BEFORE ME this _____ day of _____, 200__.

Notary Public in and for

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APPLICATION CHECKLIST

Name of Applicant: _____

Date of Desired Admission: _____

_____ Completed application form with photo and signed and notarized waiver

_____ Academic transcripts

_____ Curriculum vitae

_____ Autobiography (2000 words, typewritten)

_____ Letters from analysts with whom applicant has worked (including number of hours and dates of analysis)

_____ Letters from three (3) professional references

_____ State License to practice psychotherapy

_____ Malpractice Insurance Certificate

_____ \$350.00 check/money order made payable to The C.G. Jung Institute of Chicago