

# THE C.G. JUNG INSTITUTE OF CHICAGO

203 NORTH WABASH AVENUE, SUITE 1618

CHICAGO, ILLINOIS 60601

PHONE: (312) 701 - 0400

FAX: (312) 701 - 0403

## Application for the Clinical Training Program in Analytical Psychotherapy

Name:

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Home Address:

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Office Address:

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Home Phone:

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Office Phone:

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Email:

Date of Birth:

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Present Employment:

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**If you need more room to fill in the required fields, please begin another page. All of the fields on this form must be completed.**

Name of Institutions of education attended (undergraduate through graduate and/or professional school) with degrees granted and dates of attendance.

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List all licenses, certificates, or Board accreditations (If you are in the process of obtaining your license describe your current setting and projected date of completing the requirements):

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Professional Affiliations and Memberships:

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Publications (if any):

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

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Personal Analysis and Therapy experience, include name, address of analyst/therapist and dates started/ended:

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How did you hear of The Clinical Training Program?

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Please send a 500-word statement describing your interest in pursuing clinical training in analytical psychotherapy. The statement should be typewritten and approximately 500 words in length.

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 (if applicable), (3) a copy of your current malpractice insurance certificate (if applicable), (4) a copy of your curriculum vitae, (5) your typewritten interest statement, and (6) a non-refundable application fee of \$25 (check or money order) made payable to The C.G. Jung Institute of Chicago.

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

Clinical Training Program  
The C.G. Jung Institute of Chicago  
203 North Wabash Avenue  
Suite 1618  
Chicago, Illinois 60601

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

**CHARACTER AND FITNESS AFFIDAVIT AND WAIVER  
FOR PROSPECTIVE STUDENTS**

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

1. I understand that I am making a commitment to attend and participate in the Clinical Training Program for two years with nine weekend sessions per year. I also understand that participation in this seminar will not provide me with a degree or a license to practice psychology. Acquiring legal status to practice as a psychotherapist remains the personal and ethical responsibility of the individual. The laws governing professional certification vary in different states, and it is the applicant's responsibility to meet the legal requirements of the state(s) in which s/he intends to practice psychology.
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(s) in which I practice.
3. I understand that completion of this program qualifies me to designate myself (a licensed psychotherapist) a certified Jungian Psychotherapist or Analytical Psychotherapist. I agree that I will not designate or hold myself out as a Jungian Analyst or Psychoanalyst.
4. I have not violated the licensing standards and professional code of ethics for my profession.
5. I have never been accused of violating the licensing standards and professional code of ethics for my profession.
6. I have never had any notices of disciplinary conference, or information or formal proceeding initiated or filed against me for a violation of licensing standards or the professional code of ethics for my profession.
7. I have not been arrested for or convicted of any crime, including any sex-related or child abuse-related offenses. Moreover, I have not had a lawsuit filed against me or charges of licensing violations or professional misconduct in the state(s) in which I practice.
8. If I cannot affirm any of the above statements, I will attach a written explanation.
9. I agree that if I have made any misrepresentations in response to the above questions, I will be dismissed from the Clinical Training Program. I will not be refunded any tuition, fees or costs. Furthermore, in such a circumstance, I will not have any opportunity to appeal my dismissal from the Training Program and I will have no legal recourse against the C. G. Jung Institute of Chicago. I also agree to amend my Character and Fitness Affidavit and Waiver at any time during the course of my application process or involvement in the Training Program should my responses to the above questions change.

Signed: \_\_\_\_\_

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

SUBSCRIBED AND SWORN TO BEFORE ME this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

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Notary Public in and for