

# Application for the Psychodynamic Psychotherapy Fellowship

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Professional Degree \_\_\_\_\_

Where did you hear about the Fellowship Program? Please be as specific and detailed as you can.

---

---

---

Please provide the names and phone numbers of two professional references who are familiar with your work.

---

---

---

Please attach a curriculum vitae and a brief essay (500 words or less) describing yourself, your experience, your current situation, and your interest in the Fellowship Program.

Please indicate here if you may need some financial assistance. (circle one) Yes No

Once your application is received, we will contact you to set up an interview.

Send completed application (CV, essay, license, certificate of malpractice insurance) and \$50 deposit to:

PINE, P.O. Box 920762, Needham, MA 02492