

**WRIGHT INSTITUTE LOS ANGELES**  
Psychoanalytic Psychotherapy Postgraduate  
Program Application  
2010 -2011 Academic Year

Name \_\_\_\_\_ Date \_\_\_\_\_

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

Business Phone (    ) \_\_\_\_\_ Home Phone (    ) \_\_\_\_\_

Present Position \_\_\_\_\_

I would like to be considered for a WILA position:

Full Time  Half Time      • Starting Date:  July  October  Either

1. **Academic Experience:** Please list all colleges and universities you have attended, in chronological order.

Institution	Dates of Attendance	Degree	Major	Minor

2. **Clinical Experience:**

A. Please list all clinical courses taken at the graduate level and names of instructors:

**THIS APPLICATION IS FOR PSYCHOANALYTIC PSYCHOTHERAPY POSTGRADUATE PROGRAM ONLY**

B. **Clerkship or Practicum:** Year \_\_\_\_\_ Total Time \_\_\_\_\_

Agency (name and address) \_\_\_\_\_

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Duties:

Hours per week \_\_\_\_\_ Supervised by \_\_\_\_\_

C. **Internship:** TOTAL number of Internships (Not counting a Clerkship or Practicum) \_\_\_\_\_

Year \_\_\_\_\_ Hours per week \_\_\_\_\_ Total time \_\_\_\_\_

(If more than one, please use separate sheet)

Agency (name and address) \_\_\_\_\_

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Duties:

Name(s) and professional qualification of supervisors:

Overall, what did you get from your internships?

**D. Experience as a psychotherapist:**

Total number of patients \_\_\_\_\_

Diagnostic classification(s) of patients:

Age level of patients \_\_\_\_\_

Form of psychotherapy \_\_\_\_\_

Usual duration of therapy \_\_\_\_\_

Usual frequency of hours \_\_\_\_\_

Usual frequency of consultations with supervisor(s) \_\_\_\_\_

What do you see as your strengths and weaknesses as a therapist?

What do you see as the purpose of psychotherapy, i.e. what can a psychotherapeutic experience accomplish?

**E. Experience in diagnostic evaluation:**

Total number of patients seen by you for diagnostic evaluation \_\_\_\_\_

Type(s) of patients \_\_\_\_\_

Age levels of patients \_\_\_\_\_

Main purpose of referral (differential diagnosis, treatment planning, etc.):

Types of diagnostic evaluations:

What do you see as your strengths and weaknesses as a diagnostician?

**3. Personal Psychotherapy (Reponse to this question is optional.)**

Have you experienced psychotherapy as a client?

To the extent that you consider it appropriate, please discuss your motivation for seeking therapy and your present evaluation of the experience:

Type of therapy (Freudian psychoanalytic, "dynamic," existential, etc.):

Individual or group therapy \_\_\_\_\_ Duration \_\_\_\_\_ Frequency of hours \_\_\_\_\_

Name and professional qualification of therapist (optional):

4. **Statement of Purpose:** Write a brief statement describing the purpose you have in mind in undertaking postgraduate study in psychoanalytic psychotherapy at Wright Institute Los Angeles. Describe yourself with reference to your educational and training goals.

5. **Autobiography:** Please write an autobiographical account of your development. (Limit to three double spaced type-written pages.)

6. **Current Vita.**

7. **Three professional reference letters sent to the Wright Institute Los Angeles Postgraduate Center.**

8. **Transcripts of graduate work sent to the Wright Institute Los Angeles Postgraduate Center.**

I hereby apply for admission to the Postgraduate Center of Wright Institute Los Angeles and certify that to the best of my knowledge, all of the above information is correct.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
FULL NAME TYPED

Mail completed application to:

**Admissions, Psychoanalytic Psychotherapy  
Postgraduate Program  
Wright Institute Los Angeles  
Attn.: Linda Bear-Snibbe, Administrator  
9911 W. Pico Blvd., Suite 720  
Los Angeles, CA 90035-2720**

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**(310) 277-2796**