

REQUEST FOR PARTICIPATION IN THE MICHIGAN PSYCHOANALYTIC COUNCIL ACCESS PROGRAM

Full Name: _____ Date of Application _____

Address (Professional): _____ Date of Birth _____

_____ Phone: _____

Professional Degree: _____ State License Number: _____

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Educational Record

(Please include all college, post-graduate, and professional education.)

Name & Location	Dates Attended	Deg./Certif.

Clinical Training & Professional Experience

(Please list your internship, practicum, field instruction, and other professional experiences, using the back as needed.)

Name of Facility, Location, & Supervisor's Name (if applicable)	Start & End Dates

References

(Please provide us with 2 professional references who we may contact.)

Name & Credentials	Email Address	Phone Number

Have you ever been cited for an ethical violation by a school, professional, or licensing body? ___Yes ___No
If yes, please explain:

Have you ever been charged with or convicted of a felony? ___Yes ___No
If yes, please explain: