

Application
Western New England Psychoanalytic Society
Studies in Psychodynamic Psychotherapy

Revision 3/22

1. Complete the 3 page application and sign. Please use a separate page to list additional information.
2. Arrange for 2 letters of reference, one of which should be from a person familiar with your current work.
3. Please attach a brief essay (anywhere from a paragraph to two pages) about why you are seeking further training at this time, and how you see SPP fitting into your professional development.
4. Please provide a summary of your psychotherapy experience, including types of patients, type of psychotherapy and duration of treatments.
5. Enclose a copy of your license and malpractice insurance if applicable.
6. Mail the application and the \$50 application fee payable to WNEPS to:

Jennifer Myer, MD
WNEPS Psychodynamic Psychotherapy Program
255 Bradley Street
New Haven, CT 06510
Questions: jennifermyermd@hotmail.com

Name	Birth date/age
Home address	Business address
Home phone/cell	Business phone
Fax	Email
Education undergraduate - Institution, dates, degree	
Education graduate - Institution, dates, degree	
Education other - Institution, dates, degree	
Clinical training/fellowships/interships/post-graduate (1) - Institution, dates, type	
Clinical training/fellowships/interships/post-graduate (2) - Institution, dates, type	
Other courses, supervision	

Work Experience:

#1 Place, dates

#2 Place, dates

#3 Place, dates

#4 Private practice, dates

If in private practice personal malpractice Insurance? Amount

Personal psychotherapy? Dates, type

Other professional experiences relevant to this application

Licensure - State, type, dates

Specialty Board Certification, date

Professional References

1. Name, contact info

2. Name, contact info

Circle either yes or no (Not N/A) to each question. Provide details on a separate page for all YES answers. Please answer all questions.

1. CLAIMS MADE: Has any malpractice claim been made against you that has not yet been finally settled or adjudicated, whether or not a lawsuit was filed in relation to the claim? YES NO

2. CLAIMS RESOLVED: Has any malpractice claim that has been made against you been settled, adjudicated, or otherwise resolved, whether or not a lawsuit was filed in relation to the claim? YES NO

3. Has any lawsuit, other than a malpractice suit, which is related to your competency to practice, or your professional conduct in the practice of your discipline, been filed against you or been settled, adjudicated or otherwise resolved? YES NO

4. Have you been convicted of any criminal offense, other than a minor traffic violation? YES NO

5. Have you been charged with or disciplined for any violation of laws, rules, by-laws, standards of practice or ethics of any governmental authority, health care facility, group practice or professional society or association? YES NO

6. Has your privilege to possess, dispense or prescribe controlled substances been suspended, revoked, denied, restricted by, or surrendered to any state or federal agency? YES NO

7. Have you withdrawn an application for a professional license or been denied a professional license for any reason? YES NO

8. Has any professional liability insurance provider restricted, limited, terminated, imposed a surcharge or co-payment, or placed any condition related to professional competency or conduct on your coverage or have you voluntarily restricted, limited or terminated your insurance coverage in response to an inquiry by a professional liability insurance provider? YES NO

9. Have you ever engaged in a sexual or romantic relationship with a patient or former patient? YES NO

Signature: Date: