

Psychoanalytic Center of the Carolinas

David Raft Fellowship Application 2019 -2020

Please submit application to:

Raft Fellowship Committee
Psychoanalytic Center of the Carolinas
101 Cloister Court, Suite A
Chapel Hill, NC 27514

Phone: (919) 490-3212

Fax: 1-877-897-4034

Email: admin@carolinapsychoanalytic.org
www.carolinapsychoanalytic.org

Application Deadline: May 1

Psychoanalytic Center of the Carolinas

David Raft Fellowship Application

For Non-matriculated Students

Application Deadline: May 1

Section A:

Date: _____

Name: _____ Degree: _____

Home Address: _____

Work Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Phone number you prefer we use: _____ Email: _____

How did you hear about this fellowship? (Please check all that apply)

- Colleague Friend Supervisor Psychotherapist/Psychoanalyst PCC web site
 PCC email Other _____

Section B. Name(s) of the course(s) you would like to take:

Section C. Reference: Please list one individual familiar with your clinical work (e.g., supervisor, colleague) who can recommend you for this fellowship. Please give this individual a copy of the Request for Letter of Reference form and a signed copy of the Consent for Letter of Reference form. Please also include a copy of these two forms with the application materials you send us.

Name: _____ Position: _____

Phone number(s): _____

Address: _____

Section D: Representation Section: (Use additional sheets if necessary.)

- a. Have you ever been convicted of a crime in any state or country, or are any charges current or pending?
 Yes No If yes, explain: _____
- b. Has any licensing board or professional ethics body ever revoked, restricted or required you to surrender your license or found you guilty of a violation of ethics codes, professional misconduct, unprofessional conduct, incompetence or negligence in any state/country, or is any such action current or pending?
 Yes No If yes, explain: _____
- c. Have you ever had any insurance company decline, cancel, refuse to renew or accept only on special terms any professional liability insurance?
 Yes No If yes, explain: _____
- d. Has any professional liability claim or suit ever been made against you or is any such action current or pending?
 Yes No If yes, explain: _____
- e. Are there any circumstances of which you are aware that may result in any professional liability claim or suit being made against you?
 Yes No If yes, explain: _____
- f. Have you ever been engaged in any sexual conduct with any of your current or former patients or any current or former patient's spouse or any person with a direct relationship to the patient or former patient (e.g., a guardian, blood relative of the patient or spouse, or any person sharing the patient's domicile)?
 Yes No If yes, explain: _____
- g. Have you ever had any hospital, agency, health care provider, or professional organization deny, restrict or revoke professional or research privileges or invoke probation for any cause other than incomplete medical charts, or is any such action current or pending?
 Yes No If yes, explain: _____
- h. Have you ever been suspended, restricted or put on probation by any governmental health program (i.e. Medicare or Medicaid)?
 Yes No If yes, explain: _____
- i. Are you now or have you ever been treated for alcoholism or other drugs?
 Yes No If yes, explain: _____
- j. Have you ever abused alcohol or drugs?
 Yes No If yes, explain: _____
- k. Has your narcotics license ever been suspended, revoked, voluntarily surrendered or probation invoked or is any such action current or pending?
 Yes No If yes, explain: _____
- l. Have you ever been censured by or dismissed from any professional organization?
 Yes No If yes, explain: _____

Section E. Please provide a current *curriculum vitae* or other documentation containing the following information, if applicable:

1. Education: List academic degrees, years awarded, institutions, locations, and majors or areas of specialization.
2. Clinical training: List sites and dates of all internships, residency programs, fellowships, practicum placements, advanced certificate training, or any other formal supervised training, with names of direct supervisors and dates of supervision.
3. Professional Experience: Provide all post-training employment with dates and brief descriptions of the nature of the clinical work. Include private practice.
4. Supervision: List major supervisors, starting and ending dates, frequency, focus (continuous case or most urgent case), and format (individual/group).
5. Psychoanalytically-oriented studies: List coursework, workshops, or other psychoanalytic study, with dates, instructors, and sponsoring organizations.
6. Other studies and work experience relevant to your interest in psychoanalytic psychotherapy, e.g., work in another field, or independent reading, or research.
7. Writing: Provide a bibliography of publications and papers presented, and a brief description of any unpublished research, clinical, or theoretical writings.
8. Teaching Experience: List courses or seminars taught; include dates, locations, sponsoring organizations, and topics.
9. Supervising Experience: Include dates, locations (e.g., agency, private practice, institute), number of individuals, number of hours, format (individual/group), and types of supervisees (students/professionals).
10. Professional Affiliations: List names of professional societies and organizations and dates of membership.
11. Current clinical practice: Include approximate number of clinical hours per week, clientele (adult, child, families, etc.), modes of treatment, types of problems treated, usual frequency of treatment, etc.

Section F. A personal psychoanalysis or psychoanalytically-oriented psychotherapy is an important component of training as a psychoanalyst or psychoanalytic psychotherapist. On a separate sheet of paper please provide a brief statement describing your own experience with such treatment.

Section G. Personal Statement: Please include a brief Personal Statement about why you should be considered for the David Raft Fellowship.

Section H: Please sign the following statement:

I certify that all information provided on this Application, or submitted with it, is accurate to the best of my knowledge. I specifically authorize the Psychoanalytic Center of the Carolinas and its authorized representatives to consult with the third parties whose names I have given either herein or otherwise, as well as with any third parties whose names I may in the future provide as references, concerning further information bearing on my application. I release from any and all liability the Psychoanalytic Center of the Carolinas and their authorized representatives, and any third parties whose names I have provided or may provide, for any acts, communications or disclosures involving me, including otherwise privileged and confidential information relating to me and this application. I acknowledge that the Psychoanalytic Center of the Carolinas reserves the absolute right to accept or reject any applicant for any reason(s) deemed sufficient by the Psychoanalytic Center of the Carolinas in its sole discretion.

Signature: _____

Date: _____

Name (print): _____

Psychoanalytic Center of the Carolinas

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Consent for Letter of Reference

I, _____ hereby give my consent to:
Print or Type Name

Name: _____

Address: _____

Phone: (Home) _____ (Work) _____

Email: _____

to provide information regarding me to representatives of the Psychoanalytic Center of the Carolinas. I understand that letters of reference are required as part of my Raft Fellowship application and that information contained in such letters will be kept confidential within the confines of the Raft Fellowship selection committee of the Psychoanalytic Center of the Carolinas.

Signature of Applicant

Date

The following consent is optional:

Further, I understand that I may have a legal right of access to such letters of reference. For the purposes of encouraging full and candid disclosure by these referring individuals, I hereby authorize the release by them to the Psychoanalytic Center of the Carolinas of any and all information that may be requested, and I waive any right of access that I otherwise might have to their statements and information, and agree that these statements and information shall remain completely confidential.

Signature of Applicant

Date

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David Raft Fellowship Application

Request for Letter of Reference

Date: _____

Name of Applicant: _____

The above-named person has applied for the David Raft Fellowship and has given your name as a reference. Along with this Request for a Letter of Reference, you should receive a signed copy of the applicant's consent, stating the confidentiality agreement concerning this information and letting you know the applicant's choice concerning the waiver of her/his right of access to any statements and information you may give us. Your assistance in acquainting us with this applicant would be most helpful.

Since the practices of psychoanalytic psychotherapy and psychoanalysis involve serious responsibilities for human beings in need of various kinds of services, applicants should possess certain essential qualities, such as intelligence, self awareness, psychological mindedness, emotional stability, maturity, integrity, and a capacity for empathy.

Additionally, we want to award this fellowship to someone who has one or more of the following qualities:

- 1) Demonstrated interest in and/or commitment to the application of psychoanalytic principles to any area of clinical care.
- 2) Commitment to developing oneself as an analytic instrument by deepening one's knowledge and understanding of one's own inner processes and learning to apply those lessons in the therapeutic relationship.
- 3) Interest in developing a research project that explores psychoanalytic concepts and/or guides psychoanalytic practice.

Your candid reply will assist us in our selection process. Thank you for your help in our evaluation of this applicant.

In order to consider this applicant for the 2019–2020 Raft Fellowship we need to receive all application materials, including letters of reference, by **May 1**.

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