



WRIGHT INSTITUTE LOS ANGELES
Psychoanalytic Psychotherapy Postgraduate
Fellowship Application

Name _____ Degree(s) _____ Date _____

Address _____

Phone _____ Phone _____ Email _____

I would like to be considered for a WILA Postgraduate Fellowship position (rank if both):

Full Time: 1st 2nd My preferred starting date is: July: 1st 2nd
Half Time: 1st 2nd October: 1st 2nd

1. ACADEMIC EXPERIENCE: List all colleges & universities you have attended (in chronological order)

Institution	Dates of Attendance	Degree	Major	Minor

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

THIS APPLICATION IS FOR PSYCHOANALYTIC PSYCHOTHERAPY POSTGRADUATE PROGRAM ONLY

2. CLINICAL EXPERIENCE

A. Practicum: Dates _____ Hours per week _____ Total Hours _____

Agency (Name and Address) _____

Supervisors _____

Duties:

B. Internship #1: Dates _____ Hours per week _____ Total Hours _____

Agency (Name and Address) _____

Supervisors _____

Duties:

C. Internship #2: Dates _____ Hours per week _____ Total Hours _____

Agency (Name and Address) _____

Supervisors _____

Duties:

D. Overall, what did you get from your clinical placements?

E. Experience as a Psychotherapist:

Total number of patients _____

Diagnostic classification(s) of patients:

Ages of patients _____

Form of psychotherapy _____

Usual duration of therapy _____

Usual frequency of sessions _____

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?

F. Experience in Diagnostic Evaluation:

Total number of patients seen by you for diagnostic evaluation _____

Type(s) of patients _____

Ages 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 (**Response to this question is optional**)

Have you experienced psychotherapy as a client? No Yes Individual Group Couple

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 (Psychoanalytic, Dynamic, Existential, etc.):

Duration _____ Frequency of sessions _____

Name and professional qualification of therapists (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 DIRECTLY TO WILA**

8. GRADUATE TRANSCRIPTS **SENT DIRECTLY TO WILA**

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 (FULL NAME)

DATE

Mail completed application to:

QUESTIONS?
Contact our Administrator at:
(424) 371-5191 x104
admin@wila.org

Admissions, Postgraduate Fellowship Program
Wright Institute Los Angeles
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Los Angeles, CA 90064