

# THE ANNI BERGMAN PARENT-INFANT PROGRAM 2018-2021

## APPLICATION FOR ADMISSION

Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Office Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Home Address \_\_\_\_\_

Office Address \_\_\_\_\_

Personal Psychoanalysis: Length \_\_\_\_\_ Frequency \_\_\_\_\_ Dates \_\_\_\_\_

Personal Psychotherapy: Length \_\_\_\_\_ Frequency \_\_\_\_\_ Dates \_\_\_\_\_

Analyst or Therapist Institute Affiliation \_\_\_\_\_

### PLEASE INCLUDE WITH YOUR APPLICATION:

1. Curriculum Vitae
2. A statement of your interest in the Parent-Infant Program and how it relates to your clinical experience and current interests.
3. A letter of recommendation or contact information from someone familiar with your clinical work.

Please email your application materials to Kathryn Bellas, Program Administrator, at [kathryn.bellas@gmail.com](mailto:kathryn.bellas@gmail.com).

Tuition is \$2,900 per year payable in two \$1,450 installments. Supervision is required for third-year clinical work and is available at a reduced fee of \$75/session.

The Program seminar meets on Tuesdays from 12– 2:30 from mid-September through May with breaks for Thanksgiving, Winter and Spring vacations.

Thank you for your interest in The Anni Bergman Parent-Infant Program.