



## APPLICATION FORM

**Michigan Psychoanalytic Institute  
Continuing Education Division  
Psychoanalytic Psychotherapy Educational Programs**

This form can be emailed by adding text to the pdf file and saving with the name of applicant in the filename. Email the file and accompanying documents (scanned if necessary) to: [loriboetsch@ix.netcom.com](mailto:loriboetsch@ix.netcom.com). The \$40 application fee and hardcopy applications and documents (if not emailed) should be mailed to: *Attn:* Lori Boetsch, Michigan Psychoanalytic Institute, 32841 Middlebelt Road, Suite 411, Farmington Hills, MI 48334. Make checks out to MPI. **Priority will be given to applications received by June 30<sup>th</sup>.**

**Please select the program for which you are applying:**

### **Adult and Child/Adolescent Advanced Psychodynamic Psychotherapy (ACAPP)**

**Two Year Adult Track** (Two years/one evening/two classes per week)

#### **Part-Time Options**

**Developmental Sequence** (Six 5-week courses over approximately one calendar year, one class a week.)

**Adult Track: Assessment and Beginning Treatment** (Nine 5-week courses over one academic year. One or two classes an evening.)

**Child/Adolescent Topics** (One year/one class per week; Requires prior completion of Adult Track or permission of the directors.)

### **Psychoanalytic Psychotherapy Fellowship** (One year/one class per week)

**Farmington Hills**  
 **Ann Arbor**

### **SECTION I**

Name \_\_\_\_\_ Degree \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: (     ) \_\_\_\_\_ Cell Phone: (     ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Profession \_\_\_\_\_

Name of Employer: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Office Phone: (     ) \_\_\_\_\_ Pager: (     ) \_\_\_\_\_

**How did you hear about us?**

▶ Publication (please name the publication): \_\_\_\_\_

▶ Referral by: \_\_\_\_\_

▶ University (please name the University): \_\_\_\_\_

▶ Other: \_\_\_\_\_

**SECTION II**

**Education and Training:**

(Include school, location, subject of study, date of graduation or completion, and degree)

Undergraduate: \_\_\_\_\_

\_\_\_\_\_

Professional Education or Training: \_\_\_\_\_

\_\_\_\_\_

Residency Program (if applicable): \_\_\_\_\_

Fellowship Program (if applicable): \_\_\_\_\_

Post-Doctoral Training (if applicable): \_\_\_\_\_

**Please note:** Licensure and malpractice insurance are necessary only if you are a clinician planning to see patients as part of the Adult and Child/Adolescent Advanced Psychodynamic Psychotherapy (ACAPP) program; however, if they are available and you are applying for one of the Fellowships, please include a copy.

Present Licensure and/or Certification (please include a copy): \_\_\_\_\_

\_\_\_\_\_

Malpractice Insurance (please include a copy): \_\_\_\_\_

**SECTION III**

**Professional Activities Following Training:**

List past and present professional activities:

\_\_\_\_\_

\_\_\_\_\_

List classes, seminars and further educational experiences in which you have participated:

\_\_\_\_\_

\_\_\_\_\_

Describe your experiences of supervision (if applicable), with whom and when.

\_\_\_\_\_

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## SECTION IV

### Letters of Reference:

For acceptance into ACAPP or the Fellowship, it is necessary for us to receive two (2) letters of reference from sources of your choice.

## SECTION V

**Personal Interview:** A personal interview is required for entry into each of these programs. You will be contacted by the relevant program director.

## SECTION VI

**Curriculum Vitae/Resume:** Please include a current copy.

## SECTION VII

### Ethics Statement:

I agree to familiarize myself with the ethics of my profession. I understand also that members and candidates in training at the Michigan Psychoanalytic Institute adhere to and use the ethical standards of the American Psychoanalytic Association as a model to inform their practice. The Michigan Psychoanalytic Institute and Society have a Patient and Colleague Assistance Committee along with an Ethics Committee that offer assistance as needed by an individual patient and/or colleague.

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Date

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Signature of Applicant

## SECTION VIII

**Fee:** There is a non-refundable application fee of \$40.00.

**Scholarship Application Deadline: June 30<sup>th</sup>.**

Limited funds are available for scholarship. A separate scholarship application may be obtained from the website ([mipsychoanalysis.org](http://mipsychoanalysis.org)) or our office at (248) 851-3380, and must be submitted by the deadline. Participants in the 2 year program must apply each year.

### Contact Information:

Administrative matters: Lori Boetsch, [loriboetsch@ix.netcom.com](mailto:loriboetsch@ix.netcom.com), (248) 851-3380

Psychoanalytic Fellowship, Ann Arbor: Giovanni Minonne, Ph.D., [gminonne@umich.edu](mailto:gminonne@umich.edu), (734) 752-4128

Psychoanalytic Fellowship, Farmington Hills: Barbara Kilian, M.D., [bkilianmd@gmail.com](mailto:bkilianmd@gmail.com) (248) 788-7095

Suzanne Thomas, L.M.S.W., [srtmsw@suzannerenselthomas.com](mailto:srtmsw@suzannerenselthomas.com) (248) 767-5040

ACAPP Adult Track: Erika Homann, Ph.D., [erika.homann@gmail.com](mailto:erika.homann@gmail.com) (734) 995-2725

ACAPP Developmental Sequence and Child/Adolescent Track:

Meryl Berlin, Ph.D., [mberlinphd@gmail.com](mailto:mberlinphd@gmail.com), (734) 623-4447

Gail van Langen, Ph.D., [gailvanlangen@ameritech.net](mailto:gailvanlangen@ameritech.net), (734) 622-9885

***The Michigan Psychoanalytic Institute does not discriminate against applicants on the basis of race, creed, color, sex, age, sexual orientation, handicap or national or ethnic origin in admissions or in administration of its educational programs.***