



THE C.G. JUNG INSTITUTE OF THE
PACIFIC NORTHWEST

APPLICATION FOR THE ANALYTIC TRAINING PROGRAM

[your photo here]

APPLICATIONS MUST BE RECEIVED
BY MAY 10, 2010

Name _____

Date of Birth _____

Place of Birth _____

Telephone:

(office) _____

(mobile) _____

(home) _____

Address:

(office) _____

(home) _____

(mailing) _____

(email) _____

Please enclose the following with your completed application:

- A current passport style photograph of yourself.
- An autobiographical statement of three to four typewritten pages, including your reasons for wanting to become a Jungian analyst and for applying to this program.
- Academic transcripts from the institutions granting your graduate degrees.
- A copy of your current clinical license.
- A description and evaluation of your clinical work from at least two supervisors.
- A letter from your Jungian analyst(s) stating the number of hours and period(s) of analysis.
- A non-refundable application fee of \$300.00
- A completed and signed agreement and waiver form

Please make application fee payable to CGJIPN.

Applicants should read the regulations and policies governing this training program. These are available online at pnsja.com under Administrative Policies. The agreement and waiver form is also available at pnsja.com.

I have read the Administrative Policies and am submitting this application with the understanding that it is not a guarantee of obtaining interviews or being admitted to the program.

Signature: _____

Date: _____

The completed application packet should be mailed to:

Dunbar Carpenter, Director of Training

CGJIPN

2188 SW Park Place, Suite 304

Portland, OR 97205

Telephone: 503-222-0991

dcarpen186@aol.com

Inquiries may also be addressed to the Assistant Directors of Training:

Robert Stuckey • 503-223-6550 • stucks@comcast.net

Bonnie McLean • 503-221-7220 • bmcleanja@gmail.com

*Please type your answers to the following questions on additional pages.
Note the number for each question and put your name at the top of each page.*

1. **Undergraduate education:**
(school, location, dates attended, degree)
2. **Graduate and professional education:**
(school, location, dates attended, degree)
3. **Graduate clinical training and supervision:**
(location, dates, clinical activities, types of supervision)
4. **Clinical training and supervision for licensing:**
(location, dates, clinical activities, types of supervision)
5. **Post-licensing clinical training and supervision:**
(location, dates, clinical activities, types of supervision)
6. **Post-graduate employment in mental health:**
(job title, clinical activities, location and dates)
7. **Employment history other than mental health:**
(job title, location, dates)
8. **Clinical specialties and professional interests:**
9. **Jungian analysis: Please note this information for each analyst you have worked with.**
Analyst name:
Address:
Dates of analysis: From _____ to _____
Total hours of analysis:
10. **Other individual therapy (if more than 25 hours):**
Dates of therapy: From _____ to _____
Total hours of therapy:
Type of therapy and brief description:
(please include same information for each therapist listed)
11. **Have you applied to another Jungian analytic training program or any other post graduate training program?
If so, please indicate where and when.**
12. **Have you been dismissed from a Jungian analytic training program or any other post graduate training program?
If so, please indicate where and when.**
13. **Have you been the subject of an ethical complaint?
If so, please describe including any resolution.**