

Registration: **Diploma Examinations Program K**

Exam period: month _____ year _____ part 1 part 2 whole

- Psychoanalysis** (former International)
 Analytical Psychotherapy (BAG)

Notice for registration: Please take note of the registration deadline. To register for exams, all requirements according to the training program have to be fulfilled; relevant records, clinical experience, evaluated papers have to be submitted to the secretary's office in time. All fees must have been paid.

Please fill in completely and in block letters. **Please leave the framed entries empty.**

Full name	
Address	
Telephone	e-mail
Beginning of training program	Number of semesters until end of examination period? How many as diploma candidate?
Diploma candidate since	
Members of the selection committee	

Personal Training Analysis (Please include accredited hours for analysis prior to the training program)

Analyst	Period from / to (month / year)	Number of hours to date	Number of hours until the end of exam
Total hours -->			

Examination Subjects

		If previously taken, month / year	Mark	Examiner	Expert	Mark
2050	Individual Case Examination of a Child/Adolescent including Depth Psychological Understanding of Dreams					
2100	Clinical Psychiatry, Diagnosis and Therapy for Children and Adolescents					
2150	Written: Depth Psychological Understanding of a Myth or Fairy Tale					
2200	Depth Psychological Understanding of Pictures or Sandplay Processes in Children and Adolescents and its Application					
2300	Symbolism of the Child's play with regard to Socialization/Individualization and Individuation					

Subject of the Seminar Paper on Family Interaction	Lector	
Association Experiment	Instructor	
Subject of the Diploma Thesis	Advisor / Experts	

Clinical Internships (please indicate all clinical experience accredited by the Institute, before or during the training)					
Name and location of clinic	Type of work	Period from / to (exact dates)	Weeks	Hours	
Total Weeks / Hours -->					

Case work					Supervision			
Case Number	Sex	Age	Hours to date	Hours until end of exam period	Supervisor	Hours to date	Hours until end of exam period	
Total hours -->					Total hours -->			

Group Supervision						
Leader	Period from / to (year / month)	Number of sessions	Leader	Period from / to (year / month)	Number of sessions	
Total sessions (sum of both columns) -->						

I confirm the fulfillment of all requirements for the exam registration according to the regulations.

Place and date: _____

Signature: _____

CHOICE OF EXAMINER: DIPLOMA K

Please use **BLOCKLETTERS**:

Name/First name: _____

E-Mail: _____

Language:			
Subject	Previous Examiner	Examiner	Date of contact with examiner
K-Dipl 2050 Individual Case Examination of a Child/Adolescent including Depth Psychological Understanding of Dreams
K-Dipl 2100 Clinical Psychiatry, Diagnosis and Therapy for Children and Adolescents
K-Dipl 2150 Written: Depth Psychological Understanding of a Myth or Fairy Tale
K-Dipl 2200 Depth Psychological Understanding of Pictures or Sandplay Processes in Children and Adolescents and its Application
K- Dipl 2300 Symbolism of the Child's play with regard to Socialization/Individualization and Individuation
Thesis		1. 2. 3.	1. 2. 3.

Remark In the event of withdrawal from the examination after the registration deadline, the registration fee is forfeited.

Date: _____

Signature: _____