

Registration: **Intermediate Examination Program K**

Examination period: Month _____ year _____ 1st part 2nd part whole

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

Notice for registration: Please take note of the registration deadline. To register for exams, all requirements of the training program have to be fulfilled; relevant records, practical trainings, 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	
phone	E-mail
Start of training program	Number of semesters until end of examination period
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 -->			

Subject of the seminar paper (1st part)	Lector	
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Subject of the seminar paper „Projective Test“ (1st part)	Lector	
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Examination Subjects						
		If previously taken, month / year	Mark	Examiner	Expert	Mark
200	Comparative Developmental Psychology					
205	Fundamentals of Psychiatry and Psychopathology: Children and Adolescents					
210	Fundamentals of Analytical Psychology					
215	Fundamentals in Ethnology					
220	Depth Psychology of Myths and Fairy Tales					
225	Depth Psychology of Child and Adolescent Dreams					
230	Psychodynamic Concepts of Mental Disorders					
235	Comparative Religion					

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 -->					

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

Place and date: _____ Signature: _____

CHOICE OF EXAMINER: Intermediate Examination K

Please use **BLOCKLETTERS**:

Name/first name: _____ E-Mail: _____

Subject	previous Examiner	Examiner	Date of contact with examiner
K-Propi 200 Comparative Developmental Psychology
K-Propi 205 Fundamentals of Psychiatry and Psychopathology: Children and Adolescents
K-Propi 210 Fundamentals of Analytical Psychology
K-Propi 215 Fundamentals in Ethnology
K-Propi 220 Depth Psychology of Myths and Fairy Tales
K-Propi 225 Depth Psychology of Child and Adolescent Dreams
K- Propi 230 Psychodynamic Concepts of Mental Disorders
K- Propi 235 Comparative Religion

Date: _____

Signature: _____