

Registration: **Intermediate Examination Program C**

Examination period: Month \_\_\_\_\_ year \_\_\_\_\_ 1<sup>st</sup> part  2<sup>nd</sup> 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 regulations 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 <span style="float: right; border: 1px solid black; width: 20px; height: 20px;"></span>
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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<b>Examination Subjects</b>						
		If previously taken, month / year	Mark	Examiner	Expert	Mark
300	Comparative Developmental Psychology					
305	Fundamentals of Psychiatry and Psychopathology					
306	Fundamentals of Psychiatry and Psychopathology: Children and Adolescents					
310	Fundamentals of Analytical Psychology					
315	Fundamentals in Ethnology					
320	Depth Psychology of Myths and Fairy Tales					
325	Depth Psychology of Adult Dreams					
326	Depth Psychology of Child and Adolescent Dreams					
330	Psychodynamic Concepts of Mental Disorders					
335	Comparative Religion					

<b>Clinical Internships</b> (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 C

Please use **BLOCKLETTERS**:

Last name/first name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Language: .....			
Subject	Previous Examiner	Examiner	Date of contact with examiner
<b>C-Prop. 300</b> Comparative Developmental Psychology	..... .....	..... .....	..... .....
<b>C-Prop. 305</b> Fundamentals of Psychiatry and Psychopathology	..... .....	..... .....	..... .....
<b>C-Prop. 306</b> Fundamentals of Psychiatry and Psychopathology: Children and Adolescents	..... .....	..... .....	..... .....
<b>C-Prop. 310</b> Fundamentals of Analytical Psychology	..... .....	..... .....	..... .....
<b>C-Prop. 315</b> Fundamentals of Ethnology	..... .....	..... .....	..... .....
<b>C-Prop. 320</b> Depth Psychology of Myths and Fairy Tales	..... .....	..... .....	..... .....
<b>C-Prop. 325</b> Depth Psychology of Adult Dreams	..... .....	..... .....	..... .....
<b>C-Prop. 326</b> Depth Psychology of Child and Adolescent Dreams	..... .....	..... .....	..... .....
<b>C- Prop. 330</b> Psychodynamic Concepts of Mental Disorders	..... .....	..... .....	..... .....
<b>C- Prop. 335</b> Comparative Religion	..... .....	..... .....	..... .....

Date: \_\_\_\_\_

Signature: \_\_\_\_\_