**Applicant’s Name (Please print) Date**

**Analyst’s Name**

**Analyst’s Primary IAAP Affiliation (e.g., Chicago Society of Jungian Analysts)**

**Analyst’s Psychotherapy Degree and Discipline**

**Analyst’s State, License, and License Number**

**HOURS OF ANALYSIS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| DATE  FROM | DATE  TO | Hours in person | Hours via  video conference | Hours via  telephone | Total hours |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  | TOTALS |  |  |  |  |

**Analyst’s Signature Date**

Before the ATP application deadline (January 15, 2019), please return to:

ATTN: Admissions

C. G. Jung Institute of Chicago

53 W Jackson Blvd, Suite 438

Chicago, IL 60604