

ECC Registration Form 2025-26 Academic Year

NAME: _____

ADDRESS: _____

PSYCHOANALYTIC INSTITUTE/SOCIETY/CENTER AFFILIATION:

PROFESSIONAL LICENSE NUMBER: _____

CLINICAL TRAINING: _____

CLINICAL EXPERIENCE (Ages and Populations): _____

This program is divided into three 9-week sessions. Participants are encouraged to complete the full 27 weeks, if possible. Please note below in which sessions you would like to enroll.

THURSDAY EVENINGS (7:00-8:15pm EST)

Full Three Sessions ____

Session 1 ____

Session 2 ____

Session 3 ____

FRIDAY MORNINGS (10:00-11:15am EST)

Full Three Sessions ____

Session 1 ____

Session 2 ____

Session 3 ____

Please email completed application to ConnieS3@aol.com

For faculty and non-candidate participants, each CE will be \$20.

Please check with your respective institute/society/center to understand how this seminar will be considered toward psychoanalytic training credit.

Session Dates

SESSION 1

Thursdays / 7:00-8:15pm

September 4, 11, 18
October 16, 23, 30
November 6, 13, 20

or

Fridays / 10:00-11:15am

September 5, 12, 19
October 17, 24, 31
November 7, 14, 21

SESSION 2

Thursdays / 7:00-8:15pm

December 4, 11, 18
January 8, 15, 22, 29
February 5, 26

or

Fridays / 10:00-11:15am

December 5, 12, 19
January 9, 16, 23, 30
February 6, 27

SESSION 3

Thursdays / 7:00-8:15pm

March 5, 19, 26
April 23
May 7, 14, 28
June 4, 11

or

Fridays / 10:00-11:15am

March 6, 20, 27
April 24
May 8, 15, 29
June 5, 12