

CONFIRMATION: Clinical Internships

Program:	E <input type="radio"/>	K <input type="radio"/>	C <input type="radio"/>	
Regulation:	Psychoanalysis <input type="radio"/>	Analytical Psychotherapy (BAG) <input type="radio"/>		
Name, First Name				
Address				
Phone//Mobile			Email	

Clinical Internships (please indicate all clinical experience accredited by the Institute, before or during the training AND attach a copy of the reference letter of the internship director and hand it out to the Administration of Studies)

Name and location of the clinic	Period from/to (exact dates)	Weeks	No. of hours	Signature of the clinic, date
Total weeks/ hours -->				

A recognition from the C.G. Jung Institute does not guarantee that the country where you would like to work will recognize your Internship.

Some countries ask that the Internship must be done during your studies. Please clarify this so that you meet the requirements necessary for the recognition in your country.

Place and Date: _____

Signature: _____