



James Goodrich Whitney Center for Psychotherapy  
C. G. Jung Institute of San Francisco  
2610 Mission Street  
San Francisco, CA 94110  
(415) 771-8055, ext. 205

## Internship Application 2025-2026

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Best phone number to reach you: \_\_\_\_\_  
including on Match Day Friday March 14 from 8am on

What are the best times to call? \_\_\_\_\_

Email address: \_\_\_\_\_

### **Psychology Doctoral Level Students (Please fill out):**

School: \_\_\_\_\_

Enrolled for \_\_\_\_\_ degree (PsyD, Ph.D.) in \_\_\_\_\_ psychology  
(clinical, etc.)

Year level as of September 2025: \_\_\_\_\_

When you expect degree (please fill in all 3 possibilities, and indicate month and year):

Earliest could receive it \_\_\_\_\_

Latest might receive it \_\_\_\_\_

Best guess \_\_\_\_\_

How many pre-doc internship hours will you have accumulated by September 2025?  
(Please do not include practicum hours.) \_\_\_\_\_

Will you have completed all Practicum hours required to begin Internship by September 2025? \_\_\_\_\_

Will you have completed all coursework for your PsyD, or Ph.D.? \_\_\_\_\_  
List coursework expected to remain incomplete as of September 2025

Have you advanced to candidacy? \_\_\_\_\_

Have you completed your comprehensive exams? If not, when you expect to complete?

\_\_\_\_\_

Do you have a Dissertation topic? \_\_\_\_\_ If so what is the Title/Topic? \_\_\_\_\_

\_\_\_\_\_

Please indicate where you are in the dissertation process: \_\_\_\_\_

**Masters Level Students (Please fill out):**

School: \_\_\_\_\_

Enrolled for \_\_\_\_\_ degree in \_\_\_\_\_ psychology (clinical, etc.) in the  
\_\_\_\_\_ (MFT/MSW/LPCC) degree track.

Year level as of September 2025: \_\_\_\_\_

When you expect degree (please fill in all 3 possibilities, and indicate month and year):

Earliest could receive it \_\_\_\_\_

Latest might receive it \_\_\_\_\_

Best guess \_\_\_\_\_

How many hours as a registered intern will you have accumulated by September 2023?  
\_\_\_\_\_

Have you completed all coursework for your Master's degree? \_\_\_\_\_

Do you have a Thesis topic? \_\_\_\_\_ If so what is the Title/Topic? \_\_\_\_\_

**Note to ALL APPLICANTS: All academic training programs and degrees not listed above should be listed clearly on your attached CV.**

**All Applicants (Please fill out):**

**Clinical Training - Summary of Clinical Experience**

Number of intake interviews conducted:

Number of adult clients seen in short-term therapy (1-20 sessions):

Number of adult clients seen in long-term therapy (>20 sessions):

Number of child/adolescent clients seen in short-term therapy (1-20 sessions):

Number of child/adolescent clients seen in long-term therapy (>20 sessions):

Number of families seen in family therapy:

Number of couples seen in couples therapy:

Number of distinct psychotherapy groups facilitated:

Number of testing batteries\* administered, scored and interpreted:

\*(A battery should include both objective and projective tests)

Number of assessment reports written:

Other experiences of note:

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Languages: Please list all languages spoken other than English. Indicate your ability to work clinically in that language by also describing your level of fluency:

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**Personal Psychotherapy/analysis (Name of therapist optional):**

I am currently in personal Jungian analysis \_\_\_\_no \_\_\_\_yes

If yes please list: (approximate dates, approximate number of hours)

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I am currently in personal Jungian-oriented psychotherapy \_\_\_\_no \_\_\_\_yes

If yes please list: (approximate dates, approximate number of hours)

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I am currently in other personal therapy \_\_\_\_no \_\_\_\_yes

If yes please list: (approximate dates, approximate number of hours)

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**PREVIOUS Jungian Analysis or other Psychotherapy (Name of therapist optional):**

I was in personal Jungian analysis \_\_\_\_no \_\_\_\_yes

If yes please list: (approximate dates, approximate number of hours)

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I was in other personal therapy \_\_\_\_no \_\_\_\_yes

If yes please list: (approximate dates, approximate number of hours)

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**Please list any current (or recent) ongoing trainings you have been involved in and dates of your participation?**

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Would you be able to be here on Mondays from 10:30am to 4:30pm **and** on either Tuesdays or Wednesdays from 10:30am – 12:15 pm (days/times subject to change) for the weekly didactics, case conference seminars, community meeting and supervision)?  
Yes\_\_\_ No\_\_\_

Our internship year begins September 8, 2025 and is for 22 hours per week for 48 weeks. If approved by the intern's school, it usually is possible to arrange for a second year if the intern chooses to apply for it. At this point, is your best estimate that you would need and/or want a second year?  
Yes\_\_\_ No\_\_\_

This is not required for the internship, but please indicate whether or not you have a clinical license and/or are in a psychological associateship and, if so, for how long and with whom:

AMFT/ASW/APCC Yes\_\_\_ No\_\_\_  
For how long? \_\_\_\_\_  
With whom? \_\_\_\_\_

Psychological Associate? Yes\_\_\_ No\_\_\_  
(formerly Psych. Assistantship) For how long? \_\_\_\_\_  
With whom? \_\_\_\_\_

Please list any other current or past licenses, certificates, or registrations that allow(ed) you to practice in any field of mental health, and the state in which it was issued.

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**Three Letters of Recommendation:**

Please provide the name, phone number and email addresses of all individuals writing letters of recommendation in support of your application (Note: we do not accept letters from current or past therapists):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Attestation**

By signing below I attest that all information provided herein (including attachments and separate submissions) is true to the best of my knowledge and that I have not intentionally misrepresented myself, my graduate or clinical training in any way. I understand that any intentional falsification, on this application or during any aspect of the internship application process, may lead to a withdrawal of consideration or dismissal from the internship program.

Furthermore, I agree to comply with the APA Ethical Principles of Psychologist Code of Conduct, the Laws and Regulations of the California Board of Psychology/Board of Behavioral Sciences, and the CG Jung Institute Ethical Standards and Code of Professional Conduct. By signing below I also agree to comply with the rules and policies of the Whitney Center Internship Training Program and the CG Jung Institute of San Francisco.

I have read fully the information provided to me regarding the internship program to which I am applying, and agree to start the internship on the date specified in these materials.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

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**Please submit on separate sheets -and attached to this application- statements of no more than one page (double or single spaced):**

1. In an autobiographical statement, please describe your relevant personal and professional development. As you reflect on your personal history, including your early family environment, what has contributed toward your choosing this path of becoming a depth psychotherapist?
2. What are the most difficult things you come up against in yourself in your work as a clinician in training?
3. A statement about your personal life at this time and how it impacts your pursuit of clinical training. (Please include personal relationships, outside interests, financial support and living situation etc.).
4. Please describe your theoretical orientation and how this influences your clinical work.

**Please also include with this application:**

- ◆ Cover letter (letter of interest)
- ◆ CV or resume

**Separate submissions needed:**

- Three letters of recommendation
- Official Graduate School Transcripts
- Letter of Eligibility and Readiness for Internship (signed by Training Director)  
(for Doctoral students)

**Completed applications (including required attachments) are due in the office of The C.G. Jung Institute of San Francisco by February 21, 2025, 5:00 pm PST.**