

Toronto Institute for Contemporary Psychoanalysis

Candidates' Referral Request Form

Dear Candidates,

The TICP Referral Service Committee was established to make psychoanalytic psychotherapy and psychoanalysis more accessible to the community at large by decreasing both the waiting period and the fees for therapy sessions. At the same time, the Referral Service is intended to facilitate the training of candidates by providing them with patients and control cases. We are therefore encouraging you to complete the enclosed Candidates' Referral Request Form and to update it periodically. We are also inviting you to become familiar with the application process outlined on our website and to advertise the service among your colleagues and acquaintances. We welcome your questions, comments and suggestions.

Looking forward to hearing from you

Sincerely,

Kadri-Ann Laar, Ph.D., C.Psych., Chair

Naomi Stein, M.A.

TICP Referral Service Committee

# Toronto Institute for Contemporary Psychoanalysis

## Candidate's Referral Service Request Form

Candidate Name (please PRINT): \_\_\_\_\_

Degree: M.D. \_\_\_\_\_ Ph.D. \_\_\_\_\_ Other \_\_\_\_\_

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

Main intersections: \_\_\_\_\_

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

Year of Training at TICP: \_\_\_\_\_

Case(s) Required: One (80 hour) \_\_\_\_\_ Two (40 hour) \_\_\_\_\_ Three (40 hour) \_\_\_\_\_

I require a Male \_\_\_\_\_ Female \_\_\_\_\_ patient at this time.

I am able to schedule sessions outside "regular" work hours: Yes \_\_\_\_\_ No \_\_\_\_\_

Indicate any EXCLUSIONS to the type of cases you would like to treat: \_\_\_\_\_  
\_\_\_\_\_

My services ARE covered by OHIP: Yes \_\_\_\_\_ No \_\_\_\_\_

My services ARE eligible for (other) insurance coverage: Yes \_\_\_\_\_ No \_\_\_\_\_

My usual hourly fee is: \$ \_\_\_\_\_

I am able to offer a sliding scale geared to income, from \$ \_\_\_\_\_ to \$ \_\_\_\_\_

Feel free to include, on a separate sheet of paper, any additional information regarding your practice that you think might assist in making referrals.

DATE \_\_\_\_\_ Signature \_\_\_\_\_

**(Submit this Form to: Kadri-Ann Laar, Ph.D., TICP Referral Service Coordinator, 99 Post Road, Toronto M3B 1J3, or by Email to: [laarka@sympatico.ca](mailto:laarka@sympatico.ca)).**