

Registration: **Diploma Examinations Program E**

Examination period: Month \_\_\_\_\_ year \_\_\_\_\_

1<sup>st</sup> part   
**Regulations i**

2<sup>nd</sup> part   
**Regulations ch**

**Notice for registration:** Please take note of the registration deadline. To register for exams, all requirements of the regulations have to be fulfilled; relevant records, clinical experience, evaluated papers have to be submitted to the secretary's office in time. All fees must have been paid.

Please fill in completely and in block letters. **Please leave the framed entries empty.**

Full name	
Address	
Telephone	Fax
Academic degree	Are further degrees required for promotion? If so, which?
Must "Charta" requirements be met? If so, which?	
Beginning of training program	Number of semesters until end of examination period? How many as diploma candidate? <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px; vertical-align: middle;"></span>
Diploma candidate since	
Members of the selection committee	

Personal Training Analysis (Please include accredited hours for analysis prior to the training program)			
Analyst	Period from / to (month / year)	Number of hours to date	Number of hours until the end of exam
Total hours -->			

Examination Subjects		If previously taken, month / year	Mark	Examiner	Expert	Mark
1050	Examination „Individual Case“					
1100	Clinical Psychiatry, Diagnosis and Therapy					
1250	Written: Psychological understanding of dreams from a clinical perspective					
1251	Oral: Psychological understanding of dreams from a clinical perspective					
1150	Written: Psychological understanding of a Myth or Fairy Tale					
1151	Oral: Psychological understanding of a Myth or Fairy Tale					
1200	Psychological understanding of Pictures					
1000	The Individuation Process and its Symbols					
	Diploma Thesis					

<b>Subject of the Seminar Paper</b>	Instructor	
<b>Association Experiment</b>	Instructor	
<b>Subject of the Diploma Thesis</b>	Advisor / Experts	

<b>Clinical Internships</b> (please indicate all clinical experience accredited by the Institute, before or during the training )				
Name and location of clinic	Type of work	Period from / to (exact dates)	Weeks	Hours
Total Weeks / Hours -->				

<b>Control Cases</b>					<b>Control Case Discussion (Supervision)</b>				
Number	Sex	Age	Hours to date	Hours until end of exam period	Control Analyst	Hours to date	Hours until end of exam period		
Total hours -->					Total hours -->				

<b>Control Case Colloquia</b>						
Leader	Period from / to (year / month)	Number of sessions	Leader	Period from / to (year / month)	Number of sessions	
Total sessions (sum of both columns) -->						

**I confirm the fulfillment of all requirements for the exam registration according to the regulations.**

Place and date: \_\_\_\_\_ Signature: \_\_\_\_\_