



The Toronto Institute for Contemporary Psychoanalysis

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.

Please email back your completed referral service request form to the TICP Administration Office at info@ticp.on.ca

Looking forward to hearing from you.

TICP Administration
December 2020



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 No Preference 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: TICP Administration Office, info@ticp.on.ca