

THE NEW YORK PSYCHOANALYTIC INSTITUTE
247 East 82nd Street, New York, NY 10028
212/879-6900; 212/879-0588 (Fax)

PSYCHODYNAMIC PSYCHOTHERAPY PROGRAM
APPLICATION FOR ADMISSION

Please type or print

Name: _____

Mailing Address: _____

Office Phone: _____ Home Phone: _____

Fax: _____ E-mail: _____

Date and Place of Birth: _____

Marital Status: _____ Children: _____

Professional Degree: _____

License/Certification within your Professional Field: _____

1. Undergraduate Education (*names and addresses of colleges, dates attended, major area and degree received*):

2. Graduate Education and/or Medical Education (*names and addresses of colleges, dates attended and degree received*):

3. Internship, Residency, or Training after Graduate School (*hospital, or other organization, dates and nature of service*):

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4. Clinical Experience, including Private Practice and Number of Patient Hours (*activities, dates*):

5. Academic Appointments, Teaching, Clinics, etc. (*specify nature of position, dates*):

6. Current Hospital or Clinical Affiliations (*Setting, dates, nature of service, full or part time*):

7. Accreditation (*names of accrediting bodies for the training programs described above - where applicable*):

8. Significant Employment History if not covered above:

9. Membership in Medical or Other Scientific Societies:

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10. Publications:

11. Previous Psychotherapy or Psychoanalysis or other forms of Therapy (if so, give dates and therapist's name(s)):

12. References (please give names and addresses of three persons well acquainted with your current professional work to whom we may write for references):

13. Have you ever been denied or suspended from an academic, hospital, or clinical appointment?

Yes ____ No ____

Have you ever been involved in a legal action or appeared before an Ethics Committee in relation to your professional work or license?

Yes ____ No ____

If the answer to either of the above questions is "Yes," please explain:

14. Personal Interviews: (Please be prepared to discuss your clinical work with both a male and female patient. The Admissions Committee will contact you to arrange interviews):

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Authorization and Release of Information:

I agree to abide by the Rules of the Psychodynamic Psychotherapy Program of The New York Psychoanalytic Institute. I understand and agree that the continuation of my training and the awarding of a certificate is at the sole discretion of the Institute. I also understand that this program is not being represented as training for practice in psychoanalysis and therefore upon completing the course requirements, I will not represent myself as being a psychoanalyst or a graduate of The New York Psychoanalytic Institute's Training Program in Psychoanalysis. I hereby release and authorize The New York Psychoanalytic Institute to obtain written and verbal information regarding my professional competence, character, and ethical qualifications and competence for admission and successful completion of course study. I hereby release from liability the Institute and faculty for acts performed in good faith in connection with information and evaluation for the Program.

All applicants will be considered without regard to race, color, religion, national origin, age, sex, or sexual orientation. The Institute has a policy of nondiscrimination because of disability, for persons otherwise qualified, in accordance with New York and federal law.

Signature

Date of Application

Application fee accompanying this form: \$ _____

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CHECK LIST

YOUR APPLICATION SHOULD INCLUDE THE FOLLOWING:

- _____ **Completed Form**
- _____ **Application Fee of \$50**
- _____ **Copy of License to Practice in New York**
- _____ **Evidence of Liability Insurance**
- _____ **Validated Copy of Medical School or Graduate
School Transcript**