

THE NEW YORK PSYCHOANALYTIC INSTITUTE  
247 East 82<sup>nd</sup> Street, New York, New York 10028

**APPLICATION FOR ADMISSION FOR CHILD AND ADOLESCENT  
PSYCHOANALYTIC TRAINING**

Child/Adolescent Training  \_\_\_\_\_ Adolescent only  \_\_\_\_\_

MAY 1, 2010 DEADLINE

**Please type or print**

NAME \_\_\_\_\_

MARITAL STATUS \_\_\_\_\_ No. of Dependents \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

OFFICE ADDRESS \_\_\_\_\_

HOME TELEPHONE \_\_\_\_\_ OFFICE TELEPHONE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

PROFESSION \_\_\_\_\_

PRESENT POSITION \_\_\_\_\_

HOW DID YOU HEAR ABOUT THIS PROGRAM?  
\_\_\_\_\_

**ADULT PSYCHOANALYTIC TRAINING**

- Year of matriculation:
- Institute name: APsaA  IPA
- Year of graduation or expected year of graduation:
- Adult certification: Yes  No

**TRAINING at NYPSI** - Yes  No

**If YES:**

- Are you currently in a personal training analysis? Yes  No
- Skip to **PREVIOUS EDUCATION AND EXPERIENCE WITH CHILDREN AND ADOLESCENTS**

**UNDERGRADUATE EDUCATION** – names and addresses of colleges; dates attended, date of graduation and degree received:

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\_\_\_\_\_  
\_\_\_\_\_

**POSTGRADUATE DOCTORAL EDUCATION** (M.D.; Ph.D. or Psy.D. in clinical psychology; Ph.D. or D.S.W. in social work) – names and addresses of universities; area of study; dates attended; date of graduation and degree received; dissertation title (where applicable);

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**EXTERNSHIPS, INTERNSHIPS, RESIDENCIES, PLACEMENTS, FELLOWSHIPS AND OTHER POSTDOCTORAL TRAINING** – names and addresses of institutions; dates attended; brief descriptions of duties and activities; full names of supervisors; full names of directors or department heads:

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**POSTDOCTORAL RESEARCH EXPERIENCE, INCLUDING STAFF POSITIONS** – brief description of research; names and addresses of institutions; dates of employment; full names of directors and supervisors:

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**TEACHING AND SUPERVISORY EXPERIENCE** – names and addresses of institutions; courses taught; students taught; dates; full names of department heads:

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**SUBSEQUENT CLINICAL EXPERIENCE** – names and addresses of institutions; dates of practice; full names of supervisors and department heads; private clinical practice including dates of practice; locations of practice; types of practice (focus, specialization):

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**ADMINISTRATIVE EXPERIENCE:**

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**PERIODS BETWEEN TIME OF UNDERGRADUATE EDUCATION AND PRESENT NOT COVERED IN PRECEDING ACCOUNTS – describe briefly:**

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**PROFESSIONAL PUBLICATIONS:**

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**MEMBERSHIPS IN PROFESSIONAL AND OTHER SCIENTIFIC SOCIETIES:**

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**ACCREDITATION – names of accrediting bodies for the training programs described above (where applicable):**

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**LICENSE TO PRACTICE \_\_\_\_\_**

IN STATE(S) OF \_\_\_\_\_ YEAR(S) \_\_\_\_\_

**PLAN FOR FINANCING TRAINING:**

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**PERSONAL TREATMENT:**

1) Psychotherapy - names of psychotherapists and dates:

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2) Psychoanalysis - names of psychoanalysts and dates:

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**PREVIOUS EDUCATION AND WORK EXPERIENCE WITH CHILDREN AND ADOLESCENTS:**

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**AS PART OF THIS APPLICATION, SUBMISSION OF THE FOLLOWING IS REQUIRED:**

- 1) Copy of license to practice by the appropriate statutory body
- 2) Application fee of \$115 (not refundable) Not necessary for NYPSI candidates in adult training
- 3) Contact information for all program directors and supervisors of clinical cases

I hereby acknowledge receipt of a copy of the catalog of The New York Psychoanalytic Institute.

I hereby give permission to The New York Psychoanalytic Institute to make inquiries about me, in connection with this application, to any and all of the institutions, their officers, and supervisors referred to in this application. (Additional references may be submitted by the applicant.)

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

In the event of my acceptance as a student in training at The New York Psychoanalytic Institute, I hereby agree not to conduct Child or adolescent psychoanalytic treatment and not to represent myself as a practitioner of child or adolescent psychoanalysis until I am authorized to do so by the Educational Committee.

\_\_\_\_\_  
Date

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