

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

APPLICATION FOR ADMISSION  
MAY 1, 2011 DEADLINE

**Please type or print**

NAME \_\_\_\_\_

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

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

PROFESSION \_\_\_\_\_

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

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

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

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

EMAIL ADDRESS \_\_\_\_\_

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

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

POSTGRADUATE EDUCATION (M.D.; Ph.D. or Psy.D. in clinical psychology; MSW, 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); full names of teachers and supervisors:

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

INTERNSHIPS, EXTERNSHIPS, RESIDENCIES, PLACEMENTS, FELLOWSHIPS AND OTHER POSTGRADUATE 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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POSTGRADUATE 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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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) \_\_\_\_\_

CERTIFICATE IN \_\_\_\_\_

BY (certifying body) \_\_\_\_\_ YEAR \_\_\_\_\_

PLAN FOR FINANCING TRAINING:

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INTEREST IN CHILD OR ADOLESCENT ANALYTIC 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 ANALYTIC TRAINING - names of institutes; dates of attendance; full names of directors, teachers, supervisors; certificates received (submission of resume of such prior training is required with this application):

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PREVIOUS APPLICATIONS FOR TRAINING IN PSYCHOANALYSIS TO THIS OR ANY OTHER INSTITUTE - names of institutes; dates of applications; outcomes of applications:

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OTHER PSYCHOANALYTIC INSTITUTIONS TO WHICH APPLICATIONS HAVE BEEN MADE THIS YEAR, OR TO WHICH THERE IS INTENT TO APPLY IN THE NEAR FUTURE:

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

- 1) transcript of graduate education
- 2) copy of license to practice by the appropriate statutory body
- 3) application fee of \$120 (not refundable)
- 4) 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 psychoanalytic treatment and not to represent myself as a practitioner of psychoanalysis until I am authorized to do so by the Educational Committee.

\_\_\_\_\_  
Date

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