

Application for Admission

PLEASE NOTE DEADLINE OF MAY 15

ANALYTIC TRAINING PROGRAM (4 YEARS)

PREPARATORY PROGRAM (1 YEAR)

SALUTATION: DR. MR. MRS. MS. PROFESSOR

NAME _____ SOCIAL SECURITY NUMBER _____

MARITAL STATUS: SINGLE MARRIED SEPARATED DIVORCED SIGNIFICANT OTHER WIDOWED

GENDER _____ NUMBER OF DEPENDENTS _____

DATE OF BIRTH _____ CITY / COUNTRY OF BIRTH _____

CITIZENSHIP _____ IF NOT U.S., GREEN CARD OR VISA STATUS _____

PRIMARY LANGUAGE _____ OTHER LANGUAGES SPOKEN _____

HOME ADDRESS _____

PROFESSION _____ PRESENT POSITION _____

OFFICE ADDRESS _____

HOME TELEPHONE _____ OFFICE TELEPHONE _____ MOBILE TELEPHONE _____

EMAIL ADDRESS _____

PERSON TO NOTIFY IN CASE OF EMERGENCY (PLEASE STATE RELATIONSHIP) _____

Do you plan to submit the non-refundable application fee
(Analytic Training Program: \$125 / Preparatory Program: \$75) payment by:

CREDIT CARD ONLINE

CHECK MAILED TO NYPSI

How did you learn about this program?

Undergraduate education

Names and addresses of colleges; dates attended, date of graduation and degree received:

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 or universities; area of study; dates attended; date of graduation and degree received; dissertation title (where applicable); full names of teachers and supervisors:

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:

Postgraduate research experience, including staff positions

Brief description of research; names and addresses of institutions; dates of employment; full names of directors and supervisors:

Teaching and supervisory experience

Names and addresses of institutions; courses taught; students taught; dates; full names of department heads:

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):

Periods between time of undergraduate education and present not covered in preceding accounts

Describe briefly:

Professional publications

Please list:

Memberships in professional and other scientific societies

Please list:

Accreditation

Names of accrediting bodies for the training programs described above (where applicable):

License to practice

IN STATE(S) OF _____

YEAR(S) _____

CERTIFICATE IN _____

BY (CERTIFYING BODY) _____

YEAR _____

Plan for financing training

Describe:

Interest in Child or Adolescent Analytic Training

Please explain:

Personal treatment

1. Psychotherapy—Names of psychotherapists and dates:

2. Psychoanalysis—Names of psychoanalysts and dates:

Previous analytic training

Names of institutes; dates of attendance; full names of directors, teachers, supervisors; certificates received (submission of transcript of such prior training is required with this application):

Previous applications for training in psychoanalysis to this or any other institute

Names of institutes; dates of applications; outcomes of applications:

Other psychoanalytic institutions to which applications have been made this year, or to which there is intent to apply in the near future

Please list:

If you wish to provide additional information that would be pertinent to your application for admission that is not addressed by the questions on this application, please submit as a separate document.

Indicate below:

I am submitting ____ additional page(s) to accompany this application.
Please indicate "0" (zero) additional pages if you are not submitting additional pages.

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. Non-refundable application fee of \$125 for Analytic Training and \$75 for Preparatory Program. Please submit credit card payment on NYPSI's website, www.nypsi.org. Or, mail a check made payable to NYPSI to:
New York Psychoanalytic Society & Institute, 247 East 82nd Street, New York, NY 10028-2701.
4. Preparatory Program applicants only: include 2 references
5. Analytic Training Program applicants only: please ask three individuals who know your work to submit a letter of reference directly to NYPSI; one of these should be from the director of your clinical training program. Please submit references prior to application.

Please sign the following:

I HEREBY acknowledge receipt of a copy of the catalog of the New York Psychoanalytic Society & Institute (NYPSI). I hereby give permission to NYPSI 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.)

New York Psychoanalytic Society & Institute admits students of any race, religion, national origin, ethnic origin, age, gender, disability, marital status or sexual orientation to all the rights, privileges, programs, and activities generally accorded or made available to students at the Institute. It does not discriminate on the basis of race, religion, national origin, ethnic origin, age, gender, disability, marital status or sexual orientation in regards to the administration of its educational policies, admissions policies, scholarship and loan programs, and other Institute-administered programs.

In the event of my acceptance as a student in training at NYPSI, 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 Education Committee.

DATE

SIGNATURE OF APPLICANT

Please return form via mail, fax, or email to: New York Psychoanalytic Society & Institute
247 East 82nd Street, New York, NY 10028-2701
attn: Administrative Director

FAX: 212.879.0588

EMAIL: admdir@nypsi.org