

Application for Admission for Child and Adolescent Psychoanalytic Training

- CHILD / ADOLESCENT TRAINING
 ADOLESCENT ONLY
 STAND-ALONE TRAINING IN CHILD AND ADOLESCENT ANALYSIS

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 of \$125 payment by:

- CREDIT CARD ONLINE CHECK MAILED TO NYPSI

How did you learn about this program?

Adult Psychoanalytic Training

INSTITUTE NAME _____

Institute accreditation: APsaA IPA

YEAR OF MATRICULATION _____

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** (page 5).

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; 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);

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:

Postdoctoral 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):

Administrative Experience:

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:

Personal treatment

1. Psychotherapy—Names of psychotherapists and dates:

2. Psychoanalysis—Names of psychoanalysts and dates:

Previous Education and Work Experience with Children and Adolescents

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

Please list:

As part of this application, submission of the following is required:

1. Transcript of graduate education (not necessary for NYPSI members and graduates)
2. Copy of license to practice by the appropriate statutory body
3. Contact information for all program directors and supervisors of clinical cases (not necessary for NYPSI members and graduates)
4. Non-refundable application fee of \$125 (not necessary for NYPSI candidates in adult training)

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 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 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