

Application for Licensure-Qualifying Program in Psychoanalysis

SALUTATION: DR. MR. MRS. MS. PROFESSOR

NAME

MARITAL STATUS: SINGLE MARRIED SEPARATED DIVORCED SIGNIFICANT OTHER WIDOWED

DATE OF BIRTH

CITY / COUNTRY OF BIRTH

GENDER

NUMBER OF DEPENDENTS

HOME ADDRESS

PROFESSION

PRESENT POSITION

OFFICE ADDRESS

HOME TELEPHONE

OFFICE TELEPHONE

MOBILE TELEPHONE

EMAIL ADDRESS

Do you plan to submit the non-refundable application fee of \$135 by:

CREDIT CARD ONLINE

CHECK MAILED TO NYPSI

Undergraduate education

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

Postgraduate education

Names and addresses of universities; area of study; dates attended; date of graduation and degree received; Ph.D. dissertation title; full names of teachers, supervisors, dissertation advisor, and department heads:

Fellowships and other Postdoctoral training

Names and addresses of institutions; area of training and brief description of activities; dates attended; full names of supervisors with frequency and dates of supervision; full name of chairman or department head:

Reasons for seeking clinical training:

Teaching and supervisory experience

Names and addresses of institutions; hours per week of activity; whom supervised; courses taught; dates; full names of department heads:

Accreditation

Where applicable, please provide names of accrediting bodies for the training programs described above:

Research experience

Brief description of research; positions held; names and addresses of institutions; dates of employment and hours per week; full names of directors and supervisors:

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

Describe briefly:

Professional publications

Please list:

Membership in professional societies

Please list:

Personal treatment:

1. Psychotherapists and dates

2. Psychoanalysts and dates

Plan for financing training

Describe:

Other psychoanalytic institutes to which applications have been made 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. An up-to-date Curriculum Vitae
2. A professional autobiography describing your professional development and activities, your interest in psychoanalysis and how it developed
3. A transcript of graduate education
4. Please ask two individuals who know your work to submit a letter of reference directly to NYPSI
5. Application fee of \$135 (non-refundable)

Please sign the following:

I HEREBY GIVE PERMISSION to the New York Psychoanalytic Society & 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.

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 scholar of the New York Psychoanalytic Society & Institute, I hereby pledge myself not to conduct psychoanalytic treatment and not to represent myself as a practitioner of psychoanalysis.

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