



**INSTITUTE for the PSYCHOANALYTIC STUDY
of SUBJECTIVITY**

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Web Site: www.ipssny.org

**TRAINING PROGRAM IN PSYCHOANALYSIS
4 Year Program Application**

PLEASE PRINT OR TYPE ALL INFORMATION

APPLICATION FEE: \$50

NAME: _____ SOCIAL SECURITY # : _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

OFFICE ADDRESS: _____

HOME TELEPHONE: () _____ OFFICE TELEPHONE: () _____

EMAIL ADDRESS: (Please print): _____

DATE OF BIRTH: ____/____/____ CITY OF BIRTH: _____ SEX: _____

PROFESSIONAL TITLE: _____

(e.g., Psychiatrist, Psychologist, Social Worker, etc.)

EDUCATION:

INSTITUTION	DATES	MAJOR	DEGREE

PERSONAL PSYCHOTHERAPY: THERAPIST

CURRENT:

NAME	ADDRESS

ORIENTATION	DATES	# OF HOURS

PSYCHOANALYTIC TRAINING INSTITUTE	DATE OF COMPLETION

Please Note: In order for your present therapist to be acceptable as your IPSS training analyst, he/she must be a graduate of a recognized psychoanalytic training institute with a minimum of five years postgraduate experience.

PSYCHOTHERAPY SUPERVISION:

SUPERVISOR	ADDRESS	#of HOURS SUPERVISION	TYPE of THERAPY	DATES
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PAID WORK EXPERIENCE TO DATE:

ORGANIZATION	DATES	TYPE of WORK PERFORMED	HOURS/ WORKED	IMMEDIATE SUPERVISOR
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

NATURE OF PRESENT PSYCHOTHERAPEUTIC WORK: _____

AGES AND TYPES OF PATIENTS: _____

MODALITY OF THERAPY USED: (Psychodynamic, behavioral, etc.) _____

HOURS PER WEEK ENGAGED IN PSYCHOTHERAPY:

- PRIVATELY _____
- IN INSTITUTIONS or AGENCIES _____

PRESENT SUPERVISOR(S): _____

PUBLICATIONS: _____

TITLE OF THESIS OR DISSERTATION: _____

RESEARCH INTERESTS: _____

PROFESSIONAL LICENSES AND/OR CERTIFICATES:

PROFESSIONAL AFFILIATIONS:

HONORS, AWARDS, SCHOLARSHIPS:

EXTRACURRICULAR ACTIVITIES:

COMMUNITY ACTIVITIES:

NAMES AND ADDRESSES OF THREE REFERENCES: TWO EMPLOYERS AND A CURRENT SUPERVISOR.
PLEASE HAVE THESE LETTERS OF REFERENCE FORWARDED TO NIP.

NAME	ADDRESS
_____	_____
_____	_____
_____	_____

HOW DID YOU LEARN ABOUT IPSS's TRAINING PROGRAM?

DID YOU ATTEND THE OPEN HOUSE? YES: ___ NO: ___

SIGNATURE _____ DATE _____

Please include the following with your completed application:

- *Transcripts of all undergraduate and graduate work*
- *A copy of your current malpractice insurance certificate (In most cases insurance may be obtained from the American Professional Agency, 95 Broadway, Amityville, NY 11701, 631-691-6400.)*
- *A copy of your NYS License*
- *Your current psychoanalyst's vita for approval (Your therapist must be licensed in his/her field and be a graduate of a recognized psychoanalytic training program with at least five years of post graduate experience.)*
- *A nonrefundable application fee of \$50.00*

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PERSONAL STATEMENT: (limited to this page, no smaller than 10 point font)