

**INSTITUTE for the PSYCHOANALYTIC  
STUDY of SUBJECTIVITY**

250 West 57th Street, Suite 501 New York, NY 10019  
Phone: (212) 582-1566 Ext. 206 Fax: (212) 586-1272

**POST GRADUATE PROGRAM APPLICATION**

PLEASE PRINT OR TYPE ALL INFORMATION

NAME:

HOME ADDRESS:

CITY:

STATE:

ZIP:

OFFICE ADDRESS:

HOME TELEPHONE: (    )

OFFICE TELEPHONE: (    )

EMAIL ADDRESS: (Please print)

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ CITY OF BIRTH:

PROFESSIONAL TITLE:

(e.g., Psychologist, Social Worker, Psychiatric Nurse, Teacher, etc.)

EDUCATION:

INSTITUTION DATES :

MAJOR DEGREE;

PSYCHOANALYTIC TRAINING INSTITUTE:

CERTIFICATE DATE:

NAME, ADDRESS AND TELEPHONE NUMBER OF THE PROFESSIONAL  
REFERENCE TO THIS PROGRAM

SIGNATURE:

DATE:

Please include the following with your completed application:

Check made out to IPSS for \$50 sent to Dr. Jacqueline Gotthold, PsyD, 330 West 58<sup>th</sup> Street,  
New York, New York, 1 0019.