

FELLOWSHIP IN PSYCHOANALYSIS

(rev. 6/15/11)



PERSONAL INFORMATION

Name: _____ Degree: _____

Date of Application: _____

HOME	Address: City/State/Zip:		
	Telephone:	Fax:	
	Email:	Cell:	

PRIVATE OFFICE	Address: City/State/Zip:		
	Telephone:	Fax:	
	Email:		

INSTITUTIONAL EMPLOYMENT	Address: City/State/Zip:		
	Telephone:	Fax:	
	Email:		

Sex: _____ Date of Birth: _____ Citizenship: _____

CURRICIULUM VITAE

Please attach your Curriculum Vitae to this application. Be sure to include:

- Current and recent professional activities
- Training (undergraduate, graduate, internships, externships, residencies, fellowships, and other postdoctoral training)
- Professional experience

REFERENCES - Please provide the name and contact information (including email address) for two people who might provide reference for you, if asked.

Name: _____ Degree: _____

Address:
City/State/Zip: _____

Telephone: _____ Fax: _____

Email: _____

Name:		Degree:
Address:		
City/State/Zip:		
Telephone:	Fax:	
Email:		
How did you first hear of The Psychoanalytic Institute?		
Have you been to any of our events? If so, please list.		
Please tell us about your interest in pursuing a fellowship in psychoanalysis.		
I understand that the electronic submission by email is equivalent to my signature.		
Signature: _____		Date: _____
How to remit your application:		
❖ <u>Online/Fax for faster processing:</u>		
▪ Email your application and curriculum vitae to nyupi@nyumc.org or fax to 212-263-6417		
❖ <u>By mail:</u>		
▪ Mail your completed application and curriculum vitae to:		
<p style="margin-left: 40px;">Institute for Psychoanalytic Education NYU-Bellevue Hospital Site 462 1st Ave, OBV CD 230 New York, NY 10016</p>		
<p style="text-align: center;">If you do not receive a phone call or email that we received your application within 2 weeks of submission, please contact the Institute office at 212-263-6243.</p>		