

APPLICATION FOR PSYCHODYNAMIC PSYCHOTHERAPY TRAINING

(rev. 5/9/12)



P: 646-754-4870

Email: nyupi@nyumc.org

PERSONAL INFORMATION

Date of Application:

First Name:

Last Name:

Degree/License:

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:	
Place of Birth:		Citizenship:	

Nondiscrimination Policy

IPE admits training candidates of any race, color, national and ethnic origin, or sexual orientation to all the rights, privileges, programs, and activities generally accorded or made available to candidates at the institute. IPE does not discriminate on the basis of race, color, national and ethnic origin, or sexual orientation in administration of its educational policies, admissions policies, and other institute-administered programs.

LICENSE(S) AND CERTIFICATION(S)				
License Type (profession):			State/Year:	
Active: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Certification/Certifying Organization/Year:				
If you do not presently have your license when do you expect to obtain it?				
CLINICAL PRACTICE EXPERIENCE				
It is helpful for us to know the breadth and range of your clinical experience. Please provide a brief summary of patients you have seen.				
Pt. Age	Gender	Setting	Duration (mos., yrs.)	Comments
PERSONAL PSYCHOTHERAPY or PSYCHOANALYSIS				
One's own psychotherapy (or psychoanalysis) is a component of a psychotherapist's education and is a training requirement. If you are in (or have been in) psychotherapy and seek to have it satisfy the requirement, please submit a letter from your therapist confirming the time span of treatment.				
Dates	Frequency	Duration	Therapist's Name	Comments
PERSONAL MEDICAL HISTORY				
Have you experienced any significant medical conditions?				
CURRICULUM VITAE				
Please attach your Curriculum Vitae to this application, listing your undergraduate and graduate education and training (degrees, dates, institutions), and dissertation subject (if applicable).				

REFERENCES - (Address – please be specific with building #, department, zip code, etc.)

Please note that we will request references on your behalf.

Clinical Training Director or Supervisor

Name:

Degree:

Address:

City/State/Zip:

Telephone:

Fax:

Email:

Another individual familiar with your current clinical work

Name:

Degree:

Address:

City/State/Zip:

Telephone:

Fax:

Email:

How did you first hear of Institute for Psychoanalytic Education (formerly known as NYU Psychoanalytic Institute)?

Please indicate which (if any) of our institute's events you have attended -- and the approximate date, if you recall.

Approximate Date

Open House

Fall six-week seminar series "Introduction to the Principles of Psychoanalysis and Psychotherapy"

Psychoanalysis in Action (Saturday morning seminar)

Trainee Dinners (at Faculty member's house)

Psychoanalysis and Film Series

PANY scientific lecture

Other? (please specify)

DECLARATION OF LEGAL AND ETHICAL STANDING

Have you ever been charged with a criminal offense, ethics violation or a civil complaint of a professional nature?

Yes No

Has your license ever been suspended, revoked or limited?

Yes No

Have your professional privileges ever been limited or denied, or have you been censured by a professional organization?

Yes No

If the answer to any of the above questions is yes, please provide or attach an explanation.

I understand that my application and progress within this program will be subject to assessment by the instructors and supervisors in the program, and I agree to abide by this assessment.

In addition, I understand and agree that consideration of this application by the Institute and my participation in the program, including the awarding of a certificate, is at the sole discretion of the Institute, and under no circumstances will the Institute, its officers, faculty, employees, or members be liable to me by reason of any action or inaction in the relation thereto.

I understand that the electronic submission by email is equivalent to my signature.

Signature

Date

Please be sure to include the following with your application:

- A copy of your license to practice
- A copy of your curriculum vitae
- A copy of current malpractice insurance (if self-insured)
- The \$100 application fee. Checks should be made out to the Institute for Psychoanalytic Education (IPE). Payment may be made online.

How to remit your application:

- Online for faster processing:
 - Email your application, curriculum vitae, license to practice, and malpractice insurance (if applicable) to nyupi@nyumc.org
 - Make your payment online through Paypal by going to our website. http://www.med.nyu.edu/psa/education/applications/application_fee.html
 - If you are unable to scan and email a copy of your license and/or insurance, fax to 646-754-9540, or mail to the address below.
- By mail:
 - Mail your completed application, curriculum vitae, license to practice, malpractice insurance (if applicable), and \$100 fee to:

Institute for Psychoanalytic Education
NYU Department of Psychiatry
One Park Avenue #8-241
New York, NY 10016

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 646-754-4870.