250 West 57th Street, Suite 501, New York, NY 10107 Phone: 212.582.1566 - Fax: 212.586.1272

**Adult Training Program in Psychoanalysis & Comprehensive Psychotherapy 4 Year Program Application**

PLEASE PRINT OR TYPE ALL INFORMATION APPLICATION FEE: $75

NAME:

HOME ADDRESS:

CITY: STATE: ZIP:

OFFICE ADDRESS:

HOME TELEPHONE: OFFICE TELEPHONE:

EMAIL ADDRESS:

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 TREATMENT SESSIONS PER WEEK

POSTGRADUATE TRAINING INSTITUTE DATE OF COMPLETION

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

APPLICANT’S PSYCHOTHERAPY SUPERVISION:

# of HOURS TYPE of

SUPERVISOR ADDRESS SUPERVISION THERAPY DATES

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**

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

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

The focus should be on personal rather than professional experiences. For example: Describe the events or personal experiences that drove you to this field, including family and personal characteristics that influence your work with patients. This essay is *not* about your professional experiences.

HOW DID YOU LEARN ABOUT NIP’S TRAINING PROGRAM?

* + NIP advertising / mailings □ NIP Annual Conference - did you attend?
	+ Open House - did you attend? □ Paths to Private Practice - did you attend?
	+ Colleague □ Professor
	+ NIP Candidate / Graduate □ Other - Please specify:

Please include the following with your completed application:

* **Personal Statement**
* **Resume or Curriculum Vitae**
* **Transcripts of all undergraduate and graduate work**
* **3 Letters of Reference**
* **Your current therapist’s CV for approval (Your therapist must be licensed in his/her field and be a graduate of a recognized post graduate training program with at least five years of post-graduate experience.)**
* **A check made out to NIP for the nonrefundable application fee of $75**

***SIGNATURE DATE***

Send all application materials to:

The National Institute for the Psychotherapies 4 Year Program

Attn: Admissions Committee

250 West 57th Street, Suite 501 New York, NY 10107