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

**License Qualifying Program in Psychoanalysis 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: \_\_\_\_\_\_

EDUCATION:

INSTITUTION DATES MAJOR DEGREE

CURRENT PERSONAL PSYCHOTHERAPIST/PSYCHOANALYST *Please Note:* *In order for your therapist to be accepted as your NIP Training Analyst, s/he must be a graduate of a 4 (or more) year recognized postgraduate training institute, with a minimum of five years post-completion experience*.

NAME ADDRESS

DATES # OF HOURS

PAID WORK EXPERIENCE TO DATE:

TYPE of WORK IMMEDIATE ORGANIZATION DATES PERFORMED SUPERVISOR

#### PUBLICATIONS:

TITLE OF THESIS OR DISSERTATION:

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, IF APPLICABLE. IF NOT, ONE EMPLOYER, ONE PROFESSIONAL COLLEAGUE AND ONE COLLEAGUE IN THE FIELD OF PSYCHOTHERAPY OR PSYCHOANALYSIS.

PLEASE HAVE THESE LETTERS OF REFERENCE FORWARDED TO NIP. NAME ADDRESS

HOW DID YOU LEARN ABOUT NIP’S TRAINING PROGRAM?

NIP advertising / mailings NIP Annual Conference - did you attend? Open House - did you attend? \_\_\_\_ NIP Candidate / Graduate

Colleague \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Professor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other - Please specify: NIP Candidate / Graduate

SIGNATURE DATE

#### Please include the following with your completed application:

* Personal statement (please see following page)
* Official undergraduate and graduate transcripts
* Your current therapist’s CV (*Please Note:* *In order for your therapist to be accepted as your NIP Training Analyst, s/he must be a graduate of a 4 (or more) year recognized postgraduate training institute, with a minimum of five years post-completion experience*)
* A check made out to NIP for the nonrefundable application fee of $75

**Completed applications may be sent to:**

The National Institute for the Psychotherapies License Qualifying Program

Attn: Admissions Committee

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

**PERSONAL STATEMENT:** (no smaller than 10 point font, use additional pages if necessary)