



**INSTITUTE for the PSYCHOANALYTIC
STUDY of SUBJECTIVITY**
 250 West 57th Street, Suite 501
 New York, NY 10107
 Phone: (917) 727-3340 ipssny@ipssny.org
 Web Site: www.ipssny.org

Training Program in Psychoanalysis

4 Year Program Application (Fee: \$50)

Applicant Information

Full Name: _____ Social Security _____
Last First M.I.

Date of Birth: _____ City of Birth: _____ Sex: _____

Home

Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Phone: _____ Email _____

Education

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Institution: _____ Major: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Institution: _____ Major: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Institution: _____ Major: _____

Office

Professional Title (e.g., Psychiatrist, Psychologist, Social Worker, etc.): _____

Office

Address: _____

Street Address

City

State

ZIP Code

Phone: _____ Email _____

Personal Psychotherapy: Therapist

Current

Name *Address*

Orientation *Dates* *# of Hours*

Psychoanalytic Training Institute *Date of Completion*

Please Note: In order for your present therapist to be acceptable as your IPSS training analyst, he/she must be a graduate of a recognized psychoanalytic training institute with **a minimum of five years postgraduate experience.**

Psychotherapy Supervision

Supervisor **Address** **# of Hours** **Type of Therapy** **Dates**

Paid Work Experience to Date

Organization	Supervisor	Hours Worked	Type of Work	Dates

Present Psychotherapeutic Work

Nature of Work: _____

Ages and Types of Patients: _____

Nature of Work: _____

Present Supervisor(s): _____

Hours Per Week Engaged in Psychotherapy:

Privately: _____

In Institutions or Agencies: _____

Additional Information

Publications:

Title of Thesis or Dissertation:

Research Interests:

Professional Licenses and/or Certificates:

Professional Affiliations:

Honors, Awards, Scholarships:

Extracurricular and Community Activities:

References

Please list three references: Two employers and a current supervisor. Please have these letters of reference forwarded to IPSS.

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

How did you learn about IPSS's Training Program? _____

Did you attend the Open House? YES NO

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____

Application Checklist:

- Transcripts of all undergraduate and graduate work
- A copy of your current malpractice insurance certificate (In most cases insurance may be obtained from the American Professional Agency, 95 Broadway, Amityville, NY 11701, 631-691-6400.)
- A copy of your NYS License
- Your current psychoanalyst's vita for approval (Your therapist must be licensed in his/her field and be a graduate of a recognized psychoanalytic training program with at least five years of post-graduate experience.)
- A nonrefundable application fee of \$50.00 made out to: *IPSS*

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