



**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](http://www.ipssny.org)**

## One-Year Intensive Psychotherapy Program

1 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 \_\_\_\_\_

### Office

**Professional Title/License** (e.g., Psychiatrist, Psychologist, Social Worker, etc.): \_\_\_\_\_

**Office Address:** \_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

**Education (also include any psychoanalytic training)**

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

College or Institution : \_\_\_\_\_ Major: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

College or Institution : \_\_\_\_\_ Major: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

College or Institution : \_\_\_\_\_ Major: \_\_\_\_\_

**Professional Reference**

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Disclaimer and Signature**

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please include a nonrefundable application fee of \$50.00 made out to: *IPSS*

PERSONAL STATEMENT: (please write a paragraph describing your reasons for applying to IPSS 1 year program)