



**INSTITUTE for the PSYCHOANALYTIC  
STUDY of SUBJECTIVITY**  
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 Web Site: [www.ipssny.org](http://www.ipssny.org)

**One Year Introduction to Psychoanalytic Self Psychology and Intersubjectivity Theory  
for Professionals (Prior to Psychoanalytic Training)**

1 Year Program Application (Fee: \$55)

**Applicant Information**

Full Name: \_\_\_\_\_ Social Security \_\_\_\_\_  
*Last First M.I.*

Date of Birth: \_\_\_\_\_ City of Birth: \_\_\_\_\_ Preferred Pronoun: \_\_\_\_\_

**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 \$55.00 made out to: *IPSS*