



***NATIONAL INSTITUTE for the PSYCHOTHERAPIES***  
***TRAINING INSTITUTE***

**250 West 57th Street, Suite 501, New York, NY 10107**  
**Phone: (212) 582-1566 Fax: (212) 586-1272**

**Sandra Shapiro, Ph.D., Director, Trauma Program**  
**Susan Tye, LCSW, Director, Treatment Service**  
**Carole Shepherd, LCSW, Associate Director, Affiliate Program**  
**Pat Gallagher, LCSW, Coordinator of Saturday Seminars**  
**Christopher B. Eldredge, MA, LCSW, Associate Coordinator of Colloquia**  
**Nancy Bravman, LCSW, Colloquia & Evening Workshops**

**APPLICATION FOR TRAUMA AFFILIATE PROGRAM**

**PLEASE PRINT OR TYPE ALL INFORMATION**

**NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**SOCIAL SECURITY or TAX ID # (for remuneration for patient sessions)**

\_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**OFFICE ADDRESS(ES): N.B. OFFICE SPACE IN MANHATTAN OR BROOKLYN IS REQUIRED**

\_\_\_\_\_

\_\_\_\_\_

**TELEPHONE NUMBERS: HOME** \_\_\_\_\_

**OFFICE(S) :** \_\_\_\_\_

**EMAIL ADDRESS: (Please print)** \_\_\_\_\_

**WHICH OF THESE IS THE BEST WAY TO CONTACT YOU TO SCHEDULE AN INTERVIEW?**

\_\_\_\_\_

**ANY SUMMER DATES (VACATION TIME) UNAVAILABLE FOR**  
**INTERVIEW?** \_\_\_\_\_

PROFESSIONAL TITLE: Social Worker \_\_\_\_\_

(Psychiatrist, Psychologist, Social Worker, etc.)

POSTGRADUATE (PSYCHOANALYTIC/PSYCHODYNAMIC) TRAINING INSTITUTE:

\_\_\_\_\_

DATE OF COMPLETION: \_\_\_\_\_

ADDITIONAL OR OTHER PSYCHOANALYTIC/PSYCHODYNAMIC STUDY:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EMDR TRAINING DATE OF COMPLETION: \_\_\_\_\_ NAME OF TRAINER: \_\_\_\_\_

IF EMDR TRAINING HAS NOT YET BEEN COMPLETED, LIST DATE/TRAINER OF LEVEL I TRAINING OR  
PLANNED DATE OF TRAINING. (YOU WILL NEED TO BEGIN EMDR TRAINING WITHIN 6 MONTHS OF  
YOUR STARTING DATE, AT THE VERY LATEST).

\_\_\_\_\_

(PATIENT ASSIGNMENT WILL BE DISCUSSED WITH YOU DURING YOUR INTERVIEW)

PLEASE LIST ANY OTHER TRAUMA TREATMENT TRAINING & RELATED CLINICAL EXPERIENCE.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EMDR, SOMATIC AWARENESS (SE OR SP) OR OTHER TRAUMA TREATMENT SUPERVISION:

(MODALITY) \_\_\_\_\_

SUPERVISOR	# HOURS	INDIVIDUAL OR GROUP FORMAT?
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HAVE YOU HAD ANY PERSONAL THERAPEUTIC EXPERIENCE WITH EMDR, SOMATIC  
EXPERIENCING, OR SENSORIMOTOR PSYCHOTHERAPY? IF SO, APPRX. HOW MANY HOURS?

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**PLEASE LIST YOUR EXPERIENCE AS A CLINICIAN IN TERMS OF:**

1. PATIENT AGE RANGE \_\_\_\_\_
  2. USE OF LANGUAGES OTHER THAN ENGLISH \_\_\_\_\_
  3. EXPERIENCE WITH DISABLED INDIVIDUALS? \_\_\_\_\_
  4. ANYTHING ELSE YOU THINK WE SHOULD KNOW.
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**WHICH ONE HOUR PER WEEK CAN YOU COMMIT (for working patients) BEFORE 9AM, AFTER 5PM, OR WEEKENDS \_\_\_\_\_**

**LIST ANY MANAGED CARE PANELS TO WHICH YOU BELONG (THERE ARE SOMETIMES PRIVATE REFERRALS FROM THE TREATMENT CENTER TO MANAGED CARE PARTICIPANTS):**

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**HOW DID YOU LEARN ABOUT NIP'S TRAUMA PROGRAM?**

- |   |   |
|---|---|
| <input type="checkbox"/> NIP advertising / mailings | <input type="checkbox"/> NIP Annual Conference              |
| <input type="checkbox"/> Open House                 | <input type="checkbox"/> Paths to Private Practice workshop |
| <input type="checkbox"/> Colleague                  | <input type="checkbox"/> Professor/Supervisor               |
| <input type="checkbox"/> NIP Candidate / Graduate   | <input type="checkbox"/> Other _____                        |

***SIGNATURE***

***DATE***

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

- ✓ **A copy of your current C.V.**
- ✓ **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**
- ✓ **A copy of your Level II EMDR Certificate of Completion**
- ✓ **A BRIEF STATEMENT of your interest in trauma treatment and goals for advancing EMDR skills (and any other information you wish to convey) :**

Thank you for your interest in the Trauma Affiliate Program. Your application will be given prompt and careful consideration. If you have questions or difficulties in filling out this form kindly leave a message for Sandra Shapiro, PhD at 212-757-8710.

Please mail complete application package to  
NIP  
Trauma Affiliate Program  
Attn: Sandra Shapiro, PhD  
250 W.57<sup>th</sup> Street, Suite 501  
New York, NY 10107  
Or fax to 212-586-1272

After satisfactory review you will be called to schedule an individual interview.