



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

**Adult Training Program in Psychoanalysis & Comprehensive Psychotherapy
4 Year Program 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: _____

PROFESSIONAL TITLE: _____
(e.g., Psychiatrist, Psychologist, Social Worker, etc.)

EDUCATION: INSTITUTION	DATES	MAJOR	DEGREE

**PERSONAL PSYCHOTHERAPY: THERAPIST
CURRENT:**

NAME _____ ADDRESS _____

ORIENTATION _____ DATES OF TREATMENT _____ SESSIONS PER WEEK _____

POSTGRADUATE TRAINING INSTITUTE _____ DATE OF COMPLETION _____

Please Note: In order for your present therapist to be accepted as your NIP training therapist, s/he must be a graduate of a recognized postgraduate training institute with a minimum of five years postgraduate experience.

APPLICANT'S PSYCHOTHERAPY SUPERVISION:

SUPERVISOR	ADDRESS	# of HOURS SUPERVISION	TYPE of THERAPY	DATES

NATURE OF PRESENT PSYCHOTHERAPEUTIC WORK: _____

AGES AND TYPES OF PATIENTS: _____

MODALITY OF THERAPY USED: (Psychodynamic, behavioral, etc.) _____

HOURS PER WEEK ENGAGED IN PSYCHOTHERAPY:

- PRIVATELY _____
- IN INSTITUTIONS or AGENCIES _____

EXTRACURRICULAR ACTIVITIES:

COMMUNITY ACTIVITIES:

NAMES AND ADDRESSES OF THREE REFERENCES: TWO EMPLOYERS AND A CURRENT SUPERVISOR. PLEASE HAVE THESE LETTERS OF REFERENCE FORWARDED TO NIP.

NAME	ADDRESS

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

The focus should be on personal rather than professional experiences. For example: Describe the events or personal experiences that drove you to this field, including family and personal characteristics that influence your work with patients. This essay is *not* about your professional experiences.

HOW DID YOU LEARN ABOUT NIP'S TRAINING PROGRAM?

- NIP advertising / mailings
- Open House - did you attend? ____
- Colleague
- NIP Candidate / Graduate
- NIP Annual Conference - did you attend? ____
- Paths to Private Practice - did you attend? ____
- Professor
- Other - Please specify: _____

Please include the following with your completed application:

- Personal Statement**
- Resume or Curriculum Vitae**
- Transcripts of all undergraduate and graduate work**
- 3 Letters of Reference**
- Your current therapist's CV for approval** (Your therapist must be licensed in his/her field and be a graduate of a recognized post graduate training program with at least five years of post-graduate experience.)
- A nonrefundable application fee of \$75, made out to NIP**

SIGNATURE

DATE

Send all application materials to:

**The National Institute for the Psychotherapies
4 Year Program
Attn: Admissions Committee
250 West 57th Street, Suite 501
New York, NY 10107**