



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

Certificate Program in Psychotherapy Integration for Psychoanalysts & Psychoanalytic Psychotherapists

Candidate Application Form

PLEASE PRINT OR TYPE ALL INFORMATION

APPLICATION FEE: \$75

NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

OFFICE ADDRESS: _____

HOME TELEPHONE: _____ OFFICE TELEPHONE: _____

CELL TELEPHONE: _____ FAX: _____

EMAIL ADDRESS: _____

DATE OF BIRTH: ____/____/____ CITY OF BIRTH: _____ SEX: _____

HIGHEST DEGREE: _____ MENTAL HEALTH DISCIPLINE: _____
(e.g., psychology, psychiatry, social work, psychiatric nurse,
other [specify])

PLEASE ATTACH TO THIS APPLICATION A COPY OF YOUR RECENTLY UPDATED CURRICULUM VITAE. YOUR CV SHOULD INCLUDE AT LEAST THE FOLLOWING CATEGORIES OF DATA:

1. All educational institutions (beyond high school) you have attended. Include name of institution, dates of attendance, degree attained (if any) and major or area of specialization. Forward all copies of professional licenses to the Admissions Committee of the Certificate Program in Psychotherapy Integration for Psychoanalysts & Psychoanalytic Psychotherapists.
2. Psychoanalytic Training: Name of training institute (Certificate?) or study groups (instructors' names, dates, topics).
3. Complete employment record. Include name of institution or setting, title, dates of employment and brief description of position.
4. Published and unpublished articles and books, book reviews, conference presentations and theses or dissertations.
5. Awards, honors, scholarships and/or grants received.
6. All professional affiliations. Include dates of membership.

Describe in the space below (use additional sheets if necessary) your present clinical work (setting, theoretical orientation, number of hours, types of patients seen, etc.).

LIST ALL PSYCHOTHERAPISTS YOU HAVE BEEN SUPERVISED BY (USE ADDITIONAL SHEETS IF NECESSARY). INCLUDE NAME, DEGREE, PSYCHOANALYTIC INSTITUTE HE/SHE ATTENDED (IF ANY), NUMBER OF HOURS OF SUPERVISION, DATES OF SUPERVISION, THEORETICAL ORIENTATION OF SUPERVISOR, MAILING ADDRESS, TELEPHONE AND FAX.

NAMES AND ADDRESSES OF THREE MENTAL HEALTH PROFESSIONALS WHO KNOW YOUR CLINICAL WORK WELL, WHO WILL BE SENDING LETTERS OF REFERENCE FOR YOU. PLEASE HAVE THESE LETTERS OF REFERENCE SENT DIRECTLY FROM THE RECOMMENDER TO THE CERTIFICATE PROGRAM IN PSYCHOTHERAPY INTEGRATION FOR PSYCHOANALYSTS.

NAME

ADDRESS

HOW DID YOU LEARN ABOUT NIP'S INTEGRATION PROGRAM?

SIGNATURE

DATE

Please include the following with your completed application:

- Your updated CV should be enclosed with this application.
- Your non-refundable application fee of \$75 should be attached to this application. Checks should be made payable to the National Institute for the Psychotherapies.
- All copies of professional licenses should be forwarded to the Admissions Committee of the Certificate Program in Psychotherapy Integration for Psychoanalysts & Psychoanalytic Psychotherapists.
- All letters of reference should be sent directly from the recommender to the Admissions Committee of the Certificate Program in Psychotherapy Integration for Psychoanalysts & Psychoanalytic Psychotherapists.
- Personal statement (Please see page 4).
- Check to make sure that all questions on this application (including the personal statement) are completed and that you have signed and dated the application form.

If you have any questions concerning the Certificate Program in Psychotherapy Integration for Psychoanalysts & Psychoanalytic Psychotherapists or the application procedure, you may contact the Integration Program by mail, telephone, fax or email at the address below.

Send all application material to:

Certificate Program in Psychotherapy Integration for Psychoanalysts & Psychoanalytic Psychotherapists

Attention: Kenneth Frank, PhD, Director

The National Institute for the Psychotherapies

250 West 57th Street, Suite 501

New York, NY 10107

Telephone: 212.582.1566

Fax: 212.586.1272

The Certificate Program in Psychotherapy Integration for Psychoanalysts & Psychoanalytic Psychotherapists is under the administrative umbrella of the National Institute for the Psychotherapies (NIP). NIP, dedicated to the training of mental health professionals for over 25 years, is a non-profit educational institution chartered in 1972 by the Board of Regents of the State University of New York.

NIP is an equal opportunity organization. The Institute admits students of any age, race, color, sex, sexual orientation, physical disability, national and ethnic origin to all rights, privileges, programs and activities generally accorded or made available to students at the Institute.

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

Please provide us with an autobiographical statement. Answer this as if someone had said "Tell me something about yourself". Let us know about who you are.