



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

License Qualifying Program in Psychoanalysis 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: _____

| EDUCATION: INSTITUTION | DATES | MAJOR | DEGREE |
|---------------------------|-------|-------|--------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

CURRENT PERSONAL PSYCHOTHERAPIST/PSYCHOANALYST *Please Note: In order for your therapist to be accepted as your NIP Training Analyst, s/he must be a graduate of a 4 (or more) year recognized postgraduate training institute, with a minimum of five years post-completion experience.*

NAME ADDRESS

DATES # OF HOURS

PAID WORK EXPERIENCE TO DATE:

| ORGANIZATION | DATES | TYPE of WORK PERFORMED | IMMEDIATE SUPERVISOR |
|--------------|-------|------------------------|----------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

PUBLICATIONS:

TITLE OF THESIS OR DISSERTATION: _____

PROFESSIONAL LICENSES AND/OR CERTIFICATES: _____

PROFESSIONAL AFFILIATIONS: _____

HONORS, AWARDS, SCHOLARSHIPS: _____

EXTRACURRICULAR ACTIVITIES: _____

COMMUNITY ACTIVITIES: _____

NAMES AND ADDRESSES OF THREE REFERENCES: TWO EMPLOYERS AND A CURRENT SUPERVISOR, IF APPLICABLE. IF NOT, ONE EMPLOYER, ONE PROFESSIONAL COLLEAGUE AND ONE COLLEAGUE IN THE FIELD OF PSYCHOTHERAPY OR PSYCHOANALYSIS. PLEASE HAVE THESE LETTERS OF REFERENCE FORWARDED TO NIP.

NAME

ADDRESS

HOW DID YOU LEARN ABOUT NIP'S TRAINING PROGRAM?

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

SIGNATURE

DATE

Please include the following with your completed application:

- Personal statement (please see following page)
- Official undergraduate and graduate transcripts
- Your current therapist's CV (*Please Note: In order for your therapist to be accepted as your NIP Training Analyst, s/he must be a graduate of a 4 (or more) year recognized postgraduate training institute, with a minimum of five years post-completion experience*)
- A nonrefundable application fee of \$75, made out to "NIP"

Completed applications may be sent to:

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

PERSONAL STATEMENT: (no smaller than 10 point font, use additional pages if necessary)