



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

SUPERVISORY TRAINING 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
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Postgraduate Training: A recognized institute is a requirement

Graduate School

PERSONAL PSYCHOTHERAPY: THERAPIST
CURRENT:

NAME	DEGREE	ADDRESS
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ORIENTATION	DATES	# OF HOURS
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NAME	DEGREE	ADDRESS
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ORIENTATION	DATES	# OF HOURS
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PSYCHOTHERAPY SUPERVISION:

<i>SUPERVISOR</i>	<i>ADDRESS</i>	<i># of HOURS SUPERVISION</i>	<i>TYPE of THERAPY</i>	<i>DATES</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

RECENT WORK HISTORY (BEGIN WITH THE PRESENT):

<i>ORGANIZATION</i>	<i>DATES</i>	<i>TYPE of WORK PERFORMED</i>	<i>HOURS/ WORKED</i>	<i>IMMEDIATE SUPERVISOR</i>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

EXPERIENCE AS A SUPERVISOR (BEGIN WITH THE PRESENT):

1. _____
2. _____
3. _____

TYPES OF THERAPY USED:

HOURS PER WEEK ENGAGED IN PSYCHOTHERAPY:

- *PRIVATELY* _____
- *IN INSTITUTIONS or AGENCIES* _____

PUBLICATIONS: _____

RESEARCH INTERESTS: _____

PROFESSIONAL LICENSES AND/OR CERTIFICATES: _____

PROFESSIONAL AFFILIATIONS: _____

HONORS, AWARDS, SCHOLARSHIPS: _____

OTHER PERTINENT INFORMATION YOU WISH US TO KNOW: _____

NAMES AND ADDRESSES OF THREE* SUPERVISORS: INCLUDE CURRENT SUPERVISOR IF YOU HAVE ONE. PLEASE HAVE THESE LETTERS OF RECOMMENDATION FORWARDED TO NIP *Note: Two letters are sufficient if you are a graduate of NIP.

NAME	ADDRESS
_____	_____
_____	_____
_____	_____

HOW DID YOU LEARN ABOUT NIP's STP TRAINING PROGRAM?

SIGNATURE _____ **DATE** _____

Please include the following with your completed application:

- A letter of verification of graduation from your Institute (NIP Graduates exempted)
- A copy of your current malpractice insurance certificate
- A copy of your NYS License
- A nonrefundable application fee of \$75
- Please address all letters of recommendations to Carol Martino.

Applications may be submitted to: The National Institute for the Psychotherapies; STP; Attn: Admissions Committee; 250 West 57th Street, Suite 501; New York, NY 10107.