



**250 West 57th Street, Suite 501 New York, NY 10019**  
**Phone: 212.582.1566 Fax: 212.586.1272**

## **INTEGRATIVE TRAUMA TREATMENT PROGRAM**

Sarah St. Onge, PhD, Co-Director; Karen Alter-Reid, PhD, Co-Director  
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Gregory D Carson, LSCW, Saturday Clinical Seminar & Clinical Affiliate Coordinator  
Lydia Denton, LCSW, Supervision Coordinator  
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## **TRAUMA AFFILIATE PROGRAM APPLICATION**

Please print or type all information and submit to  
Annalise Nielsen, Registrar: [Anielsen@nipinst.org](mailto:Anielsen@nipinst.org)

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office address: \_\_\_\_\_

Home/cell # \_\_\_\_\_ office# \_\_\_\_\_

Email address: (Please Print) \_\_\_\_\_

Professional title: \_\_\_\_\_  
(Psychiatrist, Psychologist, Social Worker, etc.)

Social security or Tax ID # \_\_\_\_\_

National Provider Identifier# \_\_\_\_\_

Postgraduate psychoanalytic training:

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Date of completion: \_\_\_\_\_

Additional psychoanalytic/ psychodynamic studies, trainings or certifications:

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EMDR training, date of completion: Level 1 & 2 \_\_\_\_\_ Level 3 \_\_\_\_\_

Name of trainer: Level 1 & 2 \_\_\_\_\_ Level 3 \_\_\_\_\_

If you have been trained by Laurel Parnell and have not yet completed level 3 please indicate your planned date of completion:

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Please list any other trauma treatment training & related clinical experience:

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EMDR, somatic experiencing, sensorimotor psychotherapy, or other trauma treatment supervision:

Modality/modalities: \_\_\_\_\_

Supervisor	# of hours	Individual or Group format
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Please list your experience as a clinician in terms of:

1. Patient age range \_\_\_\_\_
2. Languages other than English \_\_\_\_\_
3. Experience with specific populations \_\_\_\_\_

What days and hours do you have available for working with patients (3 clinical hours are required including either "one" early morning, evening or a weekend hour).

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List any managed care panels to which you belong:

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How did you learn about the integrative trauma studies program?

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Signature

Date

Please include the following with your completed application:

- A nonrefundable application fee of \$75.00 made out to NIP
- A current copy of your CV
- A copy of your license
- A copy of your malpractice insurance certificate
- A copy of your level II EMDR certificate of completion
- Two letters of recommendation from professional contacts familiar with your clinical work

***Thank you for your interest in the Trauma Clinical Affiliate Program. Applications will be considered and reviewed as they are received from January through the end of July for a September start date. Suitable applicants will be asked to attend two interviews.***