



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

### Child & Adolescent Certificate 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., Psychologist, Social Worker, Psychiatric Nurse, Teacher, etc.)

HAVE YOU BEEN IN PSYCHOTHERAPY? YES \_\_\_ NO \_\_\_

IF YES, HOW MANY YEARS? \_\_\_\_\_

EDUCATION:  
INSTITUTION

DATES

MAJOR

DEGREE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PAID WORK EXPERIENCE (BEGIN WITH THE PRESENT):

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

PLEASE PROVIDE THE NAMES, ADDRESSES AND TELEPHONE NUMBERS OF ONE PERSONAL AND TWO PROFESSIONAL REFERENCES. PLEASE HAVE THESE LETTERS OF REFERENCE FORWARDED TO NIP.

NAME

ADDRESS

TELEPHONE

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HOW DID YOU LEARN ABOUT THIS TRAINING PROGRAM?

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DID YOU ATTEND THE OPEN HOUSE?      YES: \_\_\_      NO: \_\_\_

SIGNATURE

DATE

**Please include the following with your completed application:**

- 3 Letters of Recommendation
- Official graduate transcripts
- A nonrefundable application fee of \$75, made out to "NIP"

**Send all application materials to:**

The National Institute for the Psychotherapies  
Child & Adolescent Certificate Program  
Attn: Admissions Committee  
250 West 57th Street, Suite 501  
New York, NY 10107