**APPLICATION FOR ADMISSION**

**THE NEW YORK SCHOOL FOR**

**PSYCHOANALYTIC PSYCHOTHERAPY AND PSYCHOANALYSIS**

P.O. Box 20921 – New York, NY 10023 – Phone: 212 245-7045 – nyspp9@gmail.com

|  |
| --- |
|  DATE: |
| NAME: |
| ADDRESS HOME: |
| BUSINESS: |
|  |
| HOME PHONE: BUSINESS PHONE: |
|   DATE OF BIRTH: |
| HOW DID YOU LEARN ABOUT NYSPP? |
|  |
| 1. **LICENSING**: Indicate for which State and discipline and your license number.

 License #: |
| 1. **EDUCATION**
 |
| * 1. Undergraduate College:
 |
|  Year graduated: Major: |
| * 1. Graduate School:
 |
|  Degree Awarded: Year: Major: |
| * 1. Previous institute experience and/or seminars:
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| 1. **PERSONAL STATEMENT** – State briefly your professional goals and your reason for seeking advanced training.
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| 1. **TREATMENT** – Have you had psychoanalysis? Or psychotherapy?
 |
|  Name of therapist/analyst: |
|  Address: |
|  Dates in treatment: |
|  Sessions per week: |
|  Therapist’s affiliations (Indicate training institute): |
|  All previous or later treatment: |
|  Name of therapist/analyst: |
|  Address: |
|  Dates in Treatment: |
|  Sessions per week: |
|  Therapist’s affiliations (indicate training institute): |
| 1. **REFERENCES** – Please list two people who are in a position to evaluate your suitability to pursue this program:
 |
|  Name: |
|  Address: Telephone: |
|  In what capacity has your reference known you and for how long? |
|  |
|  Name: |
|  Address: Telephone:  |
|  In what capacity has your reference known you and for how long? |
|  |

**PLEASE ENCLOSE YOUR RESUME AND A NON-REFUNDABLE APPLICATION FEE OF $30.00 WITH THIS APPLICATION AND RETURN TO THE ADDRESS BELOW.**

CHAIR

Admissions Committee

New York School for Psychoanalytic Psychotherapy and Psychoanalysis

P. O. Box 20921, New York, NY 20023