**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

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| --- |
| 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