

Psychoanalytic Training Institute of the New York Freudian Society

**ADULT PSYCHOANALYSIS PROGRAM
WASHINGTON DC
FORM A
APPLICATION FOR TRAINING**

name: _____

birthdate: _____ age: _____ marital status: _____

home address: _____

city: _____ state: _____ zipcode: _____

home phone: _____ work phone: _____

email address: _____

Have you ever applied to the Psychoanalytic Training Institute of New York Freudian Society before? yes no

If so, when? (indicate date) _____

EDUCATION

Have graduate, undergraduate and psychoanalytic studies transcripts sent to address indicated on following page.

undergraduate college: _____

year graduated: _____ major field of study: _____

graduate institution: _____

degrees awarded and date of each: _____

major field of study: _____

previous psychoanalytic studies, if any: _____

institution: _____

dates of attendance: _____ number of courses completed: _____

list courses and instructors: _____

CERTIFICATION

indicates states and type: _____

PROFESSIONAL EXPERIENCE

If employed in the mental health field, give the name and location of the institution and a brief characterization of your work.

If in private practice, please indicate its character and when you began it.

Describe any other work experience you may have had, whether in the general field of psychology or elsewhere.

Please attach a brief statement describing your professional goals as they now stand and any other reasons you may have for seeking training in psychoanalysis.

PERSONAL PSYCHOANALYSIS

(If more than one analyst, please furnish the following data for each, and have analyst send Form B to the address below.)

name and address of analyst: _____

dates in treatment: _____ sessions per week: _____

PROFESSIONAL REFERENCES

List three individuals (other than your current or past analyst) with their professional connections and addresses who are in a position to comment on your suitability for psychoanalytic training. (Have the individuals send Form C to the address below.)

1: _____

2: _____

3: _____

How did you learn about this program? _____

Check here if you are interested in information about financial assistance available for training

Please attach a current curriculum vitae to this application, as well as a copy of your malpractice insurance.

Please enclose \$50 application fee payable to The Psychoanalytic Training Institute of NYFS.

Please send completed form and transcripts to:

Kerry Malawista
Chair, Admissions Committee DC
9421 Thrush Lane
Potomac MD 20854

phone: 301 983 4541
email: kmalawista@aol.com

Application deadline is June 15th

signature: _____

Psychoanalytic Training Institute of the New York Freudian Society

**ADULT PSYCHOANALYSIS PROGRAM
WASHINGTON DC
FORM B
PSYCHOANALYST INFORMATION**

_____ has given your name as his/her personal psychoanalyst.
(name of applicant)

PLEASE COMPLETE THE FORM BELOW

name and address of psychoanalyst: _____

dates in treatment: _____ sessions per week: _____

Psychoanalytic affiliation of analyst:

name and address of training institute and date of graduation: _____

courses taught and/or committees served on: _____

training analyst status: _____

membership: American Psychoanalytic Association IPA other national psychoanalytic associations (please specify)

signature of analyst: _____ date: _____

Please send completed form to:

Kerry Malawista

Chair, Admissions Committee DC

9421 Thrush Lane

Potomac MD 20854

phone:

301 983 4541

email:

kmalawista@aol.com

