

# Psychoanalytic Training Institute of the New York Freudian Society

## PSYCHOANALYSIS PROGRAMS

### NEW YORK CITY

#### FORM A

#### APPLICATION FOR TRAINING

adult program  child & adolescent program  both

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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## LICENSE / CERTIFICATION

indicate state(s) and type(s) and please attach a copy: \_\_\_\_\_

\_\_\_\_\_

**PROFESSIONAL EXPERIENCE**

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

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

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

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**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.**

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

**Please send completed form and transcripts to:**

**Phyllis Springer, LCSW**  
Chair, Admissions Committee  
544 East 86th St  
New York NY 10028

phone:  
212 772 8505

**Application deadline is May 15th**

signature: \_\_\_\_\_

# Psychoanalytic Training Institute of the New York Freudian Society

**PSYCHOANALYSIS PROGRAMS  
NEW YORK CITY  
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:**

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