

# Psychoanalytic Training Institute of the New York Freudian Society

**FELLOWSHIP PROGRAM  
NEW YORK CITY  
APPLICATION FOR TRAINING**

name: \_\_\_\_\_ degrees: \_\_\_\_\_

address: \_\_\_\_\_

city: \_\_\_\_\_ state: \_\_\_\_\_ zipcode: \_\_\_\_\_

phone: \_\_\_\_\_ email: \_\_\_\_\_

**Please briefly describe, if any, your clinical training and experience:**

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**Why would you like to participate in our Fellowship program?**

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**Please provide the names, addresses and phone numbers of two references:**

**1:** \_\_\_\_\_

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**2:** \_\_\_\_\_

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How did you learn about this program? \_\_\_\_\_

**Please send completed form and request two letters of reference be sent to: Irene Cairo, MD**  
5 West 86th Street, #6A  
New York NY 10024  
212 787 1855

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