

# Psychoanalytic Training Institute of the New York Freudian Society

**TWO-YEAR PSYCHOANALYTIC  
PSYCHOTHERAPY PROGRAM  
NEW YORK CITY  
APPLICATION FOR TRAINING**

name: \_\_\_\_\_ birthdate: \_\_\_\_\_

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

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

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

current workplace: \_\_\_\_\_

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

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

office phone: \_\_\_\_\_

## **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**

Indicate license number, state and type (or submit copy): \_\_\_\_\_

\_\_\_\_\_

**PROFESSIONAL EXPERIENCE**

Please describe your employment history and any relevant volunteer experience, or attach a current curriculum vitae:

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

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Do you have malpractice insurance? If yes, please submit copy.      yes     no

Would you be interested in a referral for private practice?      yes     no

**PERSONAL PSYCHOTHERAPY OR PSYCHOANALYSIS**

name of therapist or analyst: \_\_\_\_\_

therapist affiliation: \_\_\_\_\_

dates in treatment: \_\_\_\_\_ sessions per week: \_\_\_\_\_

**REFERENCES**

Please list two individuals who are in a position to provide a reference for you and ask them to send their letters of reference to the Admissions Office listed below.

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

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

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

**Please enclose \$25 non-refundable application fee payable to The Psychoanalytic Training Institute of NYFS.**

**Please send completed form and transcripts and references to: Susan Siegeltuch**  
Admissions, Psychoanalytic Psychotherapy Program  
70 Parker Avenue  
Maplewood NJ 07040  
  
phone: 973-378-8635

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