



THE NEW YORK SCHOOL FOR  
PSYCHOANALYTIC PSYCHOTHERAPY AND PSYCHOANALYSIS

200 WEST 57TH STREET, SUITE 905 • NEW YORK, NY 10019  
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**APPLICATION FOR ADMISSION**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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 # \_\_\_\_\_

**2. Education**

a. Undergraduate College: \_\_\_\_\_

Year Graduated: \_\_\_\_\_ Major: \_\_\_\_\_

b. Graduate School: \_\_\_\_\_

Degree Awarded: \_\_\_\_\_ Year: \_\_\_\_\_ Major: \_\_\_\_\_

c. Previous institute experience and/or seminars:

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**3. Personal Statement:** *State briefly your professional goals and your reason for seeking advanced training.*

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**4. 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: \_\_\_\_\_

**5. References:** *Please list two people who are in a position to evaluate your ability to pursue this program.*

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

In what capacity has your reference known you and for how long?

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Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

In what capacity has your reference known you and for how long?

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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  
200 West 57th Street – Suite 905  
New York, NY 10019