



## APPLICATION FOR ADMISSION

DATE:		
NAME:		
ADDRESS HOME:		
BUSINESS:		
HOME PHONE:	BUSINESS PHONE:	
DATE OF BIRTH:		
HOW DID YOU LEARN ABOUT NYSPP?		
1. <b>LICENSING:</b> Indicate for which State and discipline and your license number. License #:		
2. <b>EDUCATION</b>		
a. Undergraduate College:		
Year graduated:	Major:	
b. Graduate School:		
Degree Awarded:	Year:	Major:
c. Previous institute experience and/or seminars:		
3. <b>PERSONAL STATEMENT</b> – State briefly your professional goals and your reason for seeking advanced training.		

4. <b>TREATMENT</b> – 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:	
Therapist's affiliations (indicate training institute):	
5. <b>REFERENCES</b> – Please list two people who are in a position to evaluate your suitability to pursue this program:	
Name:	
Address:	Telephone:
In what capacity has your reference known you and for how long?	
Name:	
Address:	Telephone:
In what capacity has your reference known you and for how long?	

**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  
P. O. Box 20921, New York, NY 20023