



**THE NEW YORK SCHOOL FOR
PSYCHOANALYTIC PSYCHOTHERAPY AND
PSYCHOANALYSIS**

200 West 57th Street • New York, NY 10019 (212)245-7045 Fax: (212)873-4979

APPLICATION FOR ADMISSION

DATE:		
NAME:		
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:		

3. PERSONAL STATEMENT - State briefly your professional goals and your reasons for seeking advanced training.	
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:	
Therapist's affiliations (indicate training institute):	
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?	
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
200 West 57th Street - Suite 1307
New York, NY 10019