



THE NEW YORK SCHOOL FOR
PSYCHOANALYTIC PSYCHOTHERAPY AND PSYCHOANALYSIS

200 WEST 57TH STREET, SUITE 1307 • 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:

3. Personal Statement: *State briefly your professional goals and your reason 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: _____

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
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New York, NY 10019