

F. References:

List below at least three professional references from whom an evaluation of your professional competence may be requested:

Name and Address

Relationship to you

G. Please check below those activities which you would like to perform on the staff of the Institute:

- Diagnostic psychiatric interviewing
- Diagnostic psychological testing
- Intake interviewing
- Individual psychotherapy with adults
- Individual psychotherapy with adolescents
- Individual psychotherapy with children
- Group psychotherapy with adults
- Group psychotherapy with adolescents and children
- Pharmacotherapy and general psychiatry
- Supervision of diagnostic work
- Supervision of therapeutic work
- Conducting clinical seminars
- Research
- Other (specify) _____

H. Time Availability

What time do you have available to work at the Center?

A.M. Hours

P.M. Hours

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

(Please note that the Institute holds regular supervisory sessions not included in the working hours and that staff conferences may be called at other times than you have noted above.)

What is the total number of hours each week that you wish to work? _____

Will you consider either more or less time? Yes No

On what day would you be available to begin working on the staff? _____

Do you have malpractice insurance? Yes No

With which company? _____

Signature _____

Please mail application to: Gerd H. Fenchel, Ph.D. Clinical Director
C/O Washington Square Institute, 41 East 11th Street, New York, NY 10003

6. If answer to #5 is yes:

<u>Name and address of analyst</u>	<u>No. ses/wk</u>	<u>From-To</u>	<u>Total Hours</u>
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We will not communicate with your analyst without your prior permission:

D. Clinical Experience

List in chronological order, starting with your most recent position, all experiences you have had in the mental health field. List the title of your position, your duties and the names of your supervisors.

<u>Name of Agency</u>	<u>Position</u>	<u>From-To</u>	<u>Supervisor</u>
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1. _____

Duties: _____

2. _____

Duties: _____

3. _____

Duties: _____

4. _____

Duties: _____

May we communicate with your supervisors? Yes No

E. Professional Affiliations

Membership in professional societies:

<u>Name of Society</u>	<u>Date Elected</u>	<u>Category Membership</u>
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C. Training in Psychotherapy

1. Are you a graduate of a formal training program? Yes No

Please give the name of the program from which you graduated, years of attendance and other pertinent data:

2. If answer to #1 is "no", please list below in detail, a summary of all courses in psychotherapy, psychoanalysis, and closely related subjects:

<u>School and Course</u>	<u>Instructor</u>	<u>From-To</u>	<u>Total Hours</u>
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3. Psychoanalytic controls: If you carried cases in control with an analyst, give the following data:

<u>Name and address of analyst</u>	<u>No. of cases</u>	<u>From-To</u>	<u>Hours</u>
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4. Are you or have you been engaged in the private practice of psychotherapy or psychoanalysis: Yes No. If so, please describe briefly the nature and time spent weekly in your practice.

5. Have you undergone personal psychotherapy or psychoanalysis?

Yes No



**WASHINGTON SQUARE INSTITUTE
FOR PSYCHOTHERAPY AND MENTAL HEALTH.**
41-51 EAST 11TH STREET □ NEW YORK, NEW YORK 10003 (212) 477-2600

APPLICATION FOR PROFESSIONAL AFFILIATION

A. General Information

Name _____ Date of Application _____

Home Address _____ Home Phone _____

Office Address _____ Office Phone _____

Marital Status _____ Children _____ SS# _____

Date of Birth _____ Place of Birth _____

Highest Professional Degree _____ Date and Place Awarded _____

List all licenses, certifications, boards, or other evidence of accreditation, giving name, registry number, and dates awarded:

Present Employment (title of your position)

1. _____

2. _____

B. Academic Experience

Name and Location Field of Study From - To Degree

1. College _____

2. Graduate School _____

3. Post-Graduate _____

4. List titles of graduate dissertations and theses:

