

**Washington Square Institute for Psychotherapy and Mental Health
41 E. 11th Street , 4th Floor
New York, NY 10003
212-477-2600**

Application For Training

Check program you are applying for:

- **Foundations of Psychoanalytic Theory and Treatment (1 Year Certificate Program)**

- **Psychoanalytic Psychotherapy Training Program (5 Years, Licensure Qualifying Training Program)** _____

Please submit your application, along with application fee (\$50) and CV or resume to: WSI, ATTN: Registrar; 41 East 11th Street, 4th Floor; New York, NY 10003. Send Educational transcripts to Registrar. *If you have not yet had an interview, upon receipt of application you will be contacted for an admissions interview.*

1.General Information:

Name:

Home Address

Office Address

Email:

Phone(s)

Cell:

Home:

Office:

Date of Birth:

Place of Birth:

Marital Status :

Children :

Emergency Contact :

Tel # :

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

If not licensed, indicate when you expect to be licensed in your state:

2. Education I: include Name of Institutions, Dates, Major, and Degree granted

College

Graduate School

Post-Graduate

Education II: Training in Psychotherapy (if Applicable)

A. Are you a graduate of a formal training program? No_____ Yes _____

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

B. If answer to #1 is NO, please list below all courses in psychoanalysis, psychotherapy and closely related subjects that you have attended and completed:

<i>School & Course</i>	<i>Instructor</i>	<i>From-To</i>	<i>Total Hours</i>
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C. Are you or have you been engaged in private practice? No_____ Yes_____

If so, provide the time period covered, the nature and hours of your practice and the supervision you received.

3. Personal Psychotherapy

Therapists:

1. Name and Degrees/License:

Orientation:

Affiliation:

Address:

Dates of Treatment: From _____ to _____ Total Hours _____

2. Name and Degrees/License:

Orientation:

Affiliation:

Address:

Dates of Treatment: From _____ to _____ Total Hours _____

3. Name and Degrees/License:

Orientation:

Affiliation:

Address:

Dates of Treatment: From _____ to _____ Total Hours _____

4. Professional Experience: Attach a CV or resume and include all work experiences including any in the mental health field

5. Additional Information:

Membership in Professional Organizations, Publications, etc.

6. How did you become interested in the WSI Program?

WSI website_____ Colleague/friend_____ WSI Graduate _____

Other (please explain)_____

7. What do you wish to learn from this program?

8. When would you like to enroll in this program? (semester & year):

9. Autobiographical Statement

*Please Note: An autobiographical statement **not** required for application to the 1 year certificate program*

In 150-300 words, please describe the various significant familial and personal experiences that have shaped your current life style and professional interests Please include on a separate page

Signature/Date_____ /