

**Please send the completed application to: IPTAR Child and Adolescent Psychotherapy Program  
1651 Third Avenue., Suite 201, New York, NY 10128**

Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_  
 Office address \_\_\_\_\_ Office telephone \_\_\_\_\_  
 Home address \_\_\_\_\_ Home telephone \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ Email address \_\_\_\_\_

**Educational Background (undergraduate, graduate and postgraduate):**

School \_\_\_\_\_ Degree \_\_\_\_\_ Dates attended: From \_\_\_\_\_ To \_\_\_\_\_  
 School \_\_\_\_\_ Degree \_\_\_\_\_ Dates attended: From \_\_\_\_\_ To \_\_\_\_\_  
 School \_\_\_\_\_ Degree \_\_\_\_\_ Dates attended: From \_\_\_\_\_ To \_\_\_\_\_  
 School \_\_\_\_\_ Degree \_\_\_\_\_ Dates attended: From \_\_\_\_\_ To \_\_\_\_\_

Professional license(s)/certification(s): \_\_\_\_\_

**Work Experience (current to past):**

Position \_\_\_\_\_ Institution \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Position \_\_\_\_\_ Institution \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Supervisor \_\_\_\_\_

**Private Training as a Child Psychotherapist:**

Supervisor \_\_\_\_\_ Frequency of supervision \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  
 Supervisor \_\_\_\_\_ Frequency of supervision \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

**Personal Psychotherapy:**

Type(s) of therapy; name, address, phone number, and institutional affiliation of therapist; number of sessions per week, dates started and completed.

**Please include with your application:**

1. A statement describing your interest in the IPTAR Child and Adolescent Psychotherapy Program, and any areas of special expertise.
2. A \$50 application fee made payable to IPTAR.
3. A resume or any other additional information that you feel is relevant (i.e. seminars, courses, workshops).
4. If you are not an IPTAR candidate or member, please have the following sent to the IPTAR Child and Adolescent Psychotherapy Program: a) references from two individuals who are in a position to evaluate your professional work; b) transcripts from educational institutions.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_