



The Institute for Psychoanalytic Training and Research Inc.

140 West 97th Street New York, NY 10025

212 427-7070 Phone 212 222-7200 Fax

iptar.org

APPLICATION FOR ADMISSION

Choose One:

- Introductory Year (Respecialization)
- Full Analytic Training Program

DATE _____

NAME (print) _____

ADDRESS HOME _____

BUSINESS _____

TELEPHONE: HOME BUSINESS MOBILE _____

E-MAIL ADDRESS FAX # _____

SOCIAL SECURITY NUMBER _____

CURRENT OCCUPATION _____

BIRTH: PLACE DATE _____

MARTIAL STATUS _____

ACADEMIC BACKGROUND

Transcripts should be directed promptly to Admission Chairperson

INSTITUTION	NAME OF COURSES	CREDITS	DATES

PERSONAL TREATMENT

Name, Address, Phone number, and Affiliation of Therapist

<u>DATES OF TREATMENT</u>	<u>NO. OF SESSIONS/WEEK</u>	<u>TOTAL SESSIONS</u>

EXPERIENCE AS A PSYCHOTHERAPIST IN A CLINICAL SETTING

INSTITUTION

NAME OF SUPERVISOR

DATES

PRIVATE TRAINING AS A PSYCHOTHERAPIST IN PRIVATE PRACTICE

NAME OF SUPERVISOR

FREQUENCY OF SUPERVISION

DATES

REFERENCES

Please list two individuals who are in a position to evaluate your professional work; have each one send a letter to the Admissions chairperson.

NAME

ADDRESS

**NATURE AND DATE OF
PROFESSIONAL RELATIONSHIP**

A Registration fee of Fifty Dollars, payable to IPTAR should accompany this form and be mailed to:

IPTAR
140 West 97th Street
New York, NY 10025

Signature _____ Date _____

Please submit a person essay. In it, include your understand of why you wish to enter the field of psychoanalysis; how you feel the IPTAR Training Program can meet your career goals, etc.