

**Please send the completed application to: IPTAR Child and Adolescent Psychotherapy Program
140 W 97th St, New York, NY 10025**

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** _____