MANHATTAN INSTITUTE FOR PSYCHOANALYSIS

APPLICATION TO THE ONE-YEAR PROGRAM IN PSYCHOANALYTIC PSYCHOTHERAPY

Name: _____
(Last) (First) (Middle)
Home Address: _____

_____

Telephone Number: _____

Cell Number: _____

Email Address: _____

Business Address: _____

_____

Telephone Number: _____

Institution Awarding Professional Degree: _____

Type of Degree: _____ Date of Degree _____

Are You Licensed? _____ License Number: _____

Do You Have Malpractice Insurance? _____

List Carrier and Amount: _____

_____

1. EDUCATION: List All Colleges and Universities Attended:

From: (Mo/Yr)	To: (Mo/Yr)	Name & Address of Institution	Major	Degree	Date (Mo/Yr)

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_____

245 East 13th Street, New York, NY 10003, Tel.212.422.1221, Fax 212.422.1181
minstitute@aol.com, www.manhattanpsychoanalysis.com

2. EXPERIENCE: Beginning with the current year, list your professional experience, including private practice. Include the name and address of each employer, the name of each supervisor, your position and responsibilities. Unless you specifically request us not to, we assume that you grant is permission to communicate with any of your supervisors. Add pages if necessary.

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3. REFERENCES: List the name and addresses of two (2) references whom you will ask to complete the enclosed letter of recommendation.

Name: **Address:**

1.) _____

2.) _____

4. ADDITIONAL INFORMATION: Tell us anything you feel would be helpful (for example, your expectations of training, personal background, areas of interest). Also, please tell us how you heard about the Manhattan Institute for Psychoanalysis. Add page if necessary

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APPLICANTS SIGNATURE:

_____ **DATE:** _____

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APPLICATION TO THE ONE-YEAR PROGRAM IN PSYCHOANALYTIC PSYCHOTHERAPY

LETTER OF RECOMMENDATION

NAME OF APPLICANT: _____

The above-named applicant has applied to the One-Year Program in Psychoanalytic Psychotherapy at Manhattan Institute for Psychoanalysis. The program introduces participants to the clinical application of psychoanalytic theory. Your name has been submitted as a reference. Please comment candidly on your estimate of the applicant's character, potential as a clinician, and intellectual abilities.

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SIGNATURE: _____ DATE: _____

TITLE OR POSITION: _____

ADDRESS: _____

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