

**PSYCHOANALYTIC TRAINING PROGRAM
RESEARCH APPLICATION**

2014 SAWTELLE BOULEVARD
LOS ANGELES, CALIFORNIA 90025
PHONE: 310.478.6541/FAX: 310.477.5968

Dear Prospective Applicant:

Thank you for your interest in psychoanalytic training at the New Center for Psychoanalysis (NCP). We are pleased to receive applications from well-qualified and motivated academicians to our full graduate training program in psychoanalysis.

Please complete the enclosed application, paying special attention to the list of attachments you are to include. The list may be found on page six of the application.

We look forward to meeting you and to proceeding with the application process.

Please accompany your application with the following information:

- 1) **An Autobiography** of significant life events, formative emotional experiences and significant interpersonal relations should be included. This should include emphasis on how the applicant's professional development occurred and how the interest in psychoanalysis developed. This should not exceed four typewritten pages (single-spaced). Briefly discuss your ideas as to what use you will put your psychoanalytic training in your profession (not to exceed 3 typed pages)
- 2) **Curriculum Vitae** which includes details of clinical training, including field placements pre and post doctoral internships with a description of the setting and the activities or duties involved. It is important that the applicant list all clinical training including supervision, noting frequency, length and names and qualifications of the supervisors. Applicants should also note any teaching or supervising appointments that they have held. The C.V. should document the wide clinical exposure of an experienced clinician with a clear-cut and established clinical career path.
- 3) **List of Publications**
- 4) **Official Transcripts** of all graduate education should be submitted. All post-graduate degrees must have been obtained from Institutions accredited by a recognized accrediting organization.
- 5) **Letters of Recommendation:** The more current the contact with those who write letters of recommendation the better, although all letters are welcomed. These might include letters from supervisors and teachers during graduate and post-graduate education. A minimum of three letters are required; four are desirable. Please have the letters sent directly to the Center.
- 6) **Report of Recent Physical Examination** by your physician.
- 7) **Application Fees:** Please enclose a non-refundable applicant fee of \$75 with your application, payable to the New Center for Psychoanalysis. If the Center will be applying for a Waiver for you from the American Psychoanalytic Association, an additional and non-refundable processing fee of \$200 will be required at a later time.

Sincerely yours,

Jeffrey Prager

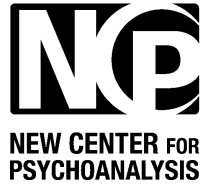
*Jeffrey Prager, Ph.D.
Chair, Research Admission Committee*

Richard Weiss

*Richard Weiss, Ph.D.
Dean of the Training School*

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APPLICATION FOR ADMISSION—RESEARCH

Date: _____

1. NAME: _____

Date of Birth: _____ Place of Birth: _____

2. BUSINESS ADDRESS: _____

Phone: _____ Fax: _____

3. HOME ADDRESS: _____

Phone: _____ Fax: _____

I prefer my mail sent to: Home/Office *Please do not use P.O. boxes for either address.*

E-Mail: (required) _____

4. ACADEMIC AND PROFESSIONAL TRAINING:

A. College/University: _____

Degree and Dates

B. Graduate or Professional Schools: _____

Degrees or Certifications and Dates

C. Titles of M.A. Thesis and Ph.D. Dissertation: _____

D. California Licenses (if any, to practice therapy) _____

List Each License and the Date Issued

5. OTHER TRAINING AND EXPERIENCE

A. Fellowships (state nature and dates) _____

B. Academic or Professional Experience _____

C. Other Experience _____

6. PRESENT PROFESSIONAL ACTIVITIES: (List all current activities including teaching appointments, positions, etc. _____

7. MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS _____

8. PUBLICATIONS: (Please attach a separate sheet) _____

9. EMPLOYMENT HISTORY: (Please attach a separate sheet listing each position you have held, the employer, address, and dates of employment.)

10. REFERENCES: Please list the names and request letters from at least three, preferable four, persons who are in a position to make a statement about your qualifications as a potential clinical associate in psychoanalysis. The letters should be sent directly to NCP.

Name

Address

Name

Address

Name

Address

Name

Address

11. PREVIOUS PSYCHOTHERAPY AND/OR PSYCHOANALYSIS

List frequency, and duration.

12. Have you ever been refused, dismissed, or asked to resign from the membership of or staff of any professional organization? (If yes, please explain; attach a separate sheet.) Yes No

13. If accepted, when would you plan to start your training analysis? _____

14. Are you interested in training in child analysis? _____

15. Outline the essential facts of your medical history (i.e., prior illnesses, surgeries, somatic problems, etc.) _____

16. Are you in need of fellowship assistance? (Fellowship applications are completed after acceptance to our program.) _____

17. Where did you learn about the NCP training program? Reputation Website
 Mailing Open House Individual Contact Other _____.

18) **CONDITION OF CANDIDACY AND RELEASE AND HOLD HARMLESS STATEMENT**

In consideration for the review of this application, the applicant agrees to the following:

I understand that

- 1) The Research Clinical Associate Program at NCP has been established to further psychoanalytically informed research by scholars through the training of research psychoanalysts.

- 2) While engaged in psychoanalytic training, research students are expected to use the title “Research Clinical Associate” of NCP.

- 3) The regulations of the California Research Psychoanalysts’ law provide that research psychoanalysts devote no more than one-third of their professional time to the practice of clinical psychoanalysis on a fee for service basis. The law also requires that student and graduate research psychoanalysts obtain a license renewal biannually. You are obligated to review and comply with the requirements of California law before you can practice as a research psychoanalyst.

4) If admitted to the New Center for Psychoanalysis as a Research Clinical Associate, I agree to conduct myself at all times in accordance with the laws of the State of California and the regulations of the New Center for Psychoanalysis concerning Members and Research Clinical Associates including, but not limited to, those set forth above.

5)

a. I understand that the New Center for Psychoanalysis is accredited by the American Psychoanalytic Association. I agree to abide by the rules and regulations of the American Psychoanalytic Association concerning psychoanalytic training I understand that it is my obligation to obtain and learn those rules and regulations, and that those rules and regulations require that the New Center for Psychoanalysis must be successful in obtaining a Waiver from the American Psychoanalytic Association. If such a waiver is not granted, I understand and agree that my enrollment in the New Center for Psychoanalysis will be reviewed by its Education Committee and that my enrollment may be terminated. I agree to abide by the rules of the American Psychoanalytic Association, including its rules and regulations concerning ethics as described in the American Psychoanalytic Association's *Principles and Standards of Ethics for Psychoanalysts* and/or the ethical and competency standards of psychoanalytic psychotherapy as derived from the American Psychoanalytic Association's *Principles and Standards of Ethics for Psychoanalysts*.

a. I understand and agree that my admission to and the continuation of my association with the New Center for Psychoanalysis, (including the awarding of credentials, degrees and diplomas) is at the sole discretion of the Institute, and that under no circumstances shall the New Center for Psychoanalysis, its officers, directors, faculty, employees or members be liable to me by reason of any action or inaction regarding my application for admission to the Institute, or regarding my continuation or termination as a Clinical Associate if I am admitted to the Institute.

b. I hereby certify that I have read the forgoing application, and that all information submitted in connection with this application is true and correct. I agree that the New Center for Psychoanalysis may verify any of the information submitted in support of this application and I understand that I am under a continuing obligation to advise the Institute of any changes that occur after my application is submitted. I understand and agree that my omission, misrepresentation or concealment of any significant fact will be sufficient reason for denial of my application or my dismissal after my acceptance as a Clinical Associate.

I, the undersigned applicant or student, hereby waive my right of access to each of the recommendations and/or evaluations collected for the purpose of evaluating my application for admission to the NCP graduate training program in psychoanalysis, including evaluations concerning my skill as a therapist or my analyzability. It is understood that the recommendations or evaluations are to be used solely for the purpose stated above.

Print Name

Signature

Date

I agree, if requested, to cooperate with the Division of Membership Services and/or the Ethics Committee of the New Center for Psychoanalysis and to release, hold harmless and indemnify the New Center for Psychoanalysis, its officers, agents and members of the Division of Membership Services and/or the Ethics Committee from any and all claims arising out of the initiation and processing of investigations of any concerns or complaints of impairment or unethical conduct alleged against me.

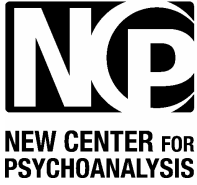
I agree to report any felony convictions and/or licensing, professional membership or affiliation problems that occur while I am a participant in the New Center for Psychoanalysis Training Program.

Print Name

Signature

Date

The New Center for Psychoanalysis admits qualified students, and does not discriminate on the basis of race, color, sex, religion, age, handicap, national, or ethnic origin in the administration of any of its education or admission policies, financial aid programs and other school administered programs.



PSYCHOANALYTIC TRAINING PROGRAM

ADDENDUM TO APPLICATION

- 1) Has anyone asserted or filed a claim or lawsuit against you contending that you breached any duty in providing professional care to a patient? Yes No
If yes, please identify the claimant, the name of any lawsuit, where it was filed, and the outcome of the lawsuit or claim.

- 2) Has anyone asserted or filed a claim or lawsuit against you which would be regarded as a serious reflection on your integrity and moral character? Yes No
If yes, please identify the action against you and its outcome.

- 3) Have you ever been required to report a settlement to your licensing board or to the National Data Bank? Yes No
If yes, please describe the circumstances, including the name or names of the persons being paid a settlement, name of any lawsuit involved, and the court in which the lawsuit was filed.

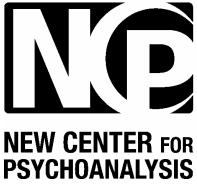
- 4) Have you ever had a license or certificate revoked? Yes No

- 5) Have you ever been refused, dismissed, or asked to resign from the membership or staff of any hospital or professional organization? Yes No

- 6) Have you ever been convicted of a felony? Yes No
If yes, please identify the claimant, the name of any lawsuit, where it was filed, and the outcome of the lawsuit or claim.

Signature

Date



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AUTHORIZATION FOR RELEASE OF INFORMATION

The undersigned applicant

authorizes the release to the Training Program for the New Center for Psychoanalysis and to the American Psychoanalytic Association. of the information described below concerning:

This authorization is limited to the following types of information: Any information, references, or records requested by the New Center for Psychoanalysis and its duly constituted Committees, and/or the American Psychoanalytic Association in connection with any evaluation of the suitability of this applicant to be enrolled or to continue as a student in the New Center for Psychoanalysis.

In consideration of the release of this information and of the review of his/her application to enroll as a student at the New Center for Psychoanalysis, the American Psychoanalytic Association, and/or their agents and employees are harmless against any claims, complaints, lawsuits, or any other form of liability exposure, including claims brought by this applicant or any third person as a result of the New Center for Psychoanalysis, the American Psychoanalytic Association, and/or their agents and employees providing this information and disclosure of this information to authorized or unauthorized persons.

This authorization shall remain valid only until five years from the date listed below.

You may retain a copy of this authorization.

Signature of Applicant: _____ Date: _____

Name (printed): _____

PLEDGE

If admitted for training, I pledge not to represent myself as a psychoanalyst until so authorized by the Education Committee of the New Center for Psychoanalysis.

Signature of Applicant: _____ Date: _____