



# NEW CENTER FOR PSYCHOANALYSIS APPLICATION FOR CLINICAL PSYCHOANALYTIC TRAINING

Ph 310.478.6541 ~ Fx 310.477.5968 ~ www.N-C-P.org

## PERSONAL INFORMATION

Name/Degree			
Date of Application			
HOME	Street Address		
	City/State/Zip		
	Phone/Cell		
	Fax		
	E-mail		
PRIVATE OFFICE	Street Address		
	City/State/Zip		
	Phone/Cell		
	Fax		
	E-mail		
INSTITUTIONAL EMPLOYMENT	Street Address		
	City/State/Zip		
	Phone/Cell		
	Fax		
	E-mail		
I PREFER TO HAVE MY MAIL SENT TO MY <input type="checkbox"/> HOME <input type="checkbox"/> OFFICE			
Date of Birth:		Place of Birth:	
Social Security: #		Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
LICENSE(S) AND CERTIFICATION(S):			
License Type (profession):			
State/Year:		Active: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Certification/Certifying Organization/Year:			
If you do not presently have your license, when do you expect to obtain it?			
Are you interested in training in child analysis? <input type="checkbox"/> Yes <input type="checkbox"/> No			



**REFERENCES (Please be specific—list building #, department, zip code, etc.)**

<b>1</b>	<b>Name</b>	
	<b>Street Address</b>	
	<b>City/State/Zip</b>	
	<b>Phone</b>	
	<b>Fax</b>	
	<b>E-mail</b>	
<b>2</b>	<b>Name</b>	
	<b>Street Address</b>	
	<b>City/State/Zip</b>	
	<b>Phone</b>	
	<b>Fax</b>	
	<b>E-mail</b>	
<b>3</b> (optional)	<b>Name</b>	
	<b>Street Address</b>	
	<b>City/State/Zip</b>	
	<b>Phone</b>	
	<b>Fax</b>	
	<b>E-mail</b>	

**ETHICS and PROCEDURES**

Have you ever been charged with an ethics violation, a criminal offense, or a civil complaint of a professional nature?  Yes  No

Has your license ever been suspended, revoked or limited?  Yes  No

Have your professional privileges ever been limited or denied, or have you been censured by a professional organization?  Yes  No

If the answer to any of the above questions is yes, please attach an explanation.

**HOW DID YOU LEARN ABOUT THE NEW CENTER FOR PSYCHOANALYSIS ANALYTIC TRAINING PROGRAM?**

Reputation  Website  Mailing  Open House  Individual Contact  Other \_\_\_\_\_

**POLICIES OF THE NEW CENTER FOR PSYCHOANALYSIS**

The submission of your application acknowledges your acceptance and agreement with the following policies and procedures:

Applicants are accepted with the expectation that they will develop the necessary skills to understand psychoanalytic concepts and conduct clinical analyses. This implies that they possess certain abilities, at least in potential, and that they have no disqualifying features. As evaluating such factors both initially and throughout the course of training is a complex and difficult matter, final decisions ultimately rest in the discretion of the Institute and its authorized committees. Such evaluations are best achieved when faculty and students are assured the utmost confidentiality of all educational records. Access to records is restricted exclusively to those committees charged with evaluating applicants, candidates, and the program at large.

The responsibility for accepting applicants rests with the Education Committee on the advice of the Admissions Committee and the Dean. The Admissions Committee arrives at its recommendation after evaluating the application, letters of recommendation, evidence of past performance, and personal interviews by faculty members. The responsibility for continuing assessment of candidates rests with the Student Progression and Education Committees. The Student Progression and Education Committees review the status of all candidates annually, and candidates can expect to be kept informed of their progress. Candidates may request an interview at any time to discuss their status.

I have read and I accept the description of the policies, standards, and procedures of NCP and hereby make application for admission to training in psychoanalysis. I give the New Center for Psychoanalysis permission to communicate with my references.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**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.* I further pledge that if accepted for training, I will not conduct unsupervised psychoanalytic treatment or represent myself as an independent practitioner of psychoanalysis until I am authorized to do so by the Education Committee.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

As a condition of Candidacy of the Training Program of the New Center for Psychoanalysis, I agree to abide by the ethical and competency standards of psychoanalysis 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*.

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.

# ATTACHMENTS

Please include the following with your application:

1) **Autobiography**

2) **Curriculum Vitae**

3) **Official Transcripts** of all graduate education and postdoctoral records should be submitted directly to the Center to the attention of the Admissions Chair.

4) **License to Practice:** A copy of your license to practice (State of California).

5) **Evidence of Malpractice Insurance**

6) **Letters of Recommendation:** Please request that the letters be addressed to the chair of the Admissions Committee and sent directly to the Center.

7) **Case Report:** A brief (3-5 pages), specific description of an ongoing case. This write-up serves as the basis for an interview with a member of our faculty during which your clinical work will be discussed. Use *initials only* when referring to patient.

8) **Report of Recent Physical Examination** by your physician.

9) **Application Fees:** Please enclose a non-refundable applicant fee of \$125 with your application, payable to the New Center for Psychoanalysis.

Mail completed application to  
*New Center for Psychoanalysis*  
2014 Sawtelle Boulevard, Los Angeles, CA 90025