



NEW CENTER FOR PSYCHOANALYSIS

2014 Sawtelle Boulevard Los Angeles, California 90025
Ph: 310.478.6541 Fx: 310.477.5968 E-mail: info@N-C-P.org

ORANGE COUNTY PSYCHOANALYTIC PSYCHOTHERAPY PROGRAM

CHECKLIST

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 Wansoon Martin, M.D.

- Application to Orange County Psychoanalytic Psychotherapy Program
- \$40 Application Fee [if applicable]
- Completion of Application Form
- Signed Enrollment Agreement
- Signed Declaration of Legal and Ethical Standing
- Signed Agreement outlining Scope of Psychodynamic Psychotherapy Certification of Completion
- Signed Agreement for one or more pre-admissions interviews
- CV or Resume
- Copy of Professional License in the State of California [if applicable]
- Copy of Malpractice Insurance Coverage [if applicable]
- Two Letters of Reference

STAFF
 Exective Directors
 Cecilia A. Peck
 Patricia A. Wright

Please forward all of the above documents as well as application fee to:

Carole Gelker, Ph.D.
 1801 Park Court East, Ste. F203
 Santa Ana, CA 92701
 Ph: [714] 667-6007

Please call Dr. Gelker with any questions you may have about the certificate program.



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Name _____

Date of Birth _____ Social Security # _____ Email Address _____

Check Preferred Mailing Address

Home Address _____ City/State/Zip _____

Office Address _____ City/State/Zip _____

Home Phone _____ Office Phone _____ Mobile _____

Citizenship _____ Drivers Lic.# _____

Professional Licensure [Type, State, Expiration Date] _____

Professional Liability Insurance _____
Name of Company Policy # Effective Dates

Letters of Reference

Please include two letters of reference with your application by a person who knows your academic or your clinical work.

Completion of Program

Successful completion of this program is dependent upon the completion of required readings and regular attendance. The classes will meet weekly on Wednesday evenings, 7 PM – 10 PM, beginning in September 2009 and ending in June 2009.

Refund Information

The enrollee has a right to a full refund of \$1200 except the \$40.00 registration fee and \$200 in administrative fees if he/she cancels this agreement prior to the first day of instruction.

Fees & Charges

Tuition is \$1,200 plus a \$200 additional administrative fee. This includes all xeroxed assignments as well as seminars and consultation sessions. These fees will not apply to UCI medical students, residents, and fellows, who will be offered the course as an elective in their programs as part of our arrangement with UCI. Each enrollee will purchase two required textbooks at an additional cost of approximately \$100. Total amount due to NCP is \$1400.00; 14 days payable before start of certificate program.

My signature below certifies that I have read, understood, and agreed to my rights and responsibilities. I understand the New Center’s cancellation and refund policy.

Signed: _____
Name Date



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DECLARATION OF LEGAL & ETHICAL STANDING

Has anyone asserted or filed a claim or lawsuit against you or are you aware of such a situation that you have breached any duty in providing professional care to a patient which would be regarded as a serious reflection of your integrity or moral character? Yes No

Have you had your license revoked or suspended, been sanctioned by or are being reviewed by any professional ethics body, state licensing board or other regulatory board? Yes No

Have you ever been convicted of a criminal offense? Yes No

Have you ever had your membership in any professional organization refused, suspended or revoked or received any official reprimand from any professional organization? Yes No

Has any hospital ever restricted, reduced or suspended privileges or placed you on probation?
 Yes No

If the answer is yes to any of the above, please provide a brief description attached to this application.

I also agree to adhere to the *Principles of Ethics for Psychoanalysis* of the American Psychoanalytic Association and understand that not abiding by these principles could result in termination of my training and association with the New Center for Psychoanalysis.

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 its educational or admission policies, financial aid programs, and other school-administered programs.

After reading the above, I certify that the above are true and accurate statements.

Signed: _____
Name Date



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SCOPE OF PROGRAM CERTIFICATE

I understand that this program is not being represented as training for practice in psychoanalysis. This program specifically is designed to augment existing theoretical knowledge and clinical skills in psychoanalytically-oriented psychotherapy. A certificate and CME's will be given upon completion of the requirements of the program. In no instance will I represent myself as a psychoanalyst. I will not represent myself as a graduate of the New Center for Psychoanalysis Training Program in Psychoanalysis.

Signed: _____
Name Date