

Fall 2025

Dear Applicant,

Thank you for your interest in the two-year Adult Psychoanalytic Psychotherapy Program (APP) at the New Center for Psychoanalysis (NCP).

We think you will agree that our APP program is the place to grow!

Our program is designed for licensed mental health professionals who are actively seeing patients or clients. Classes are offered remotely via Zoom on Wednesday evenings from 5:30 - 9:30 pm.

Our program sharpens clinical skills, deepens theoretical knowledge, and enriches case conceptualizations through the lens of depth analytic thinking.

Through the APP program, you will find friendships and professional connections that continue to thrive long after graduation.

Affiliation with NCP provides many opportunities for ongoing learning, participation in organizational life, and social engagement throughout your career.

Please return your completed application to Interim Program Director Brian Stachowiak, M.A., LMFT, at: psychotherapy@n-c-p.org.

Once your completed application is received, you will be contacted to arrange for two required interviews.

For further information about our Program and/or any questions you may have, please contact me at the email above.

Due to the Zoom format and participatory structure of the APP program, spaces are limited, and applying early is recommended.

The application deadline is **July 13, 2025**, space permitting. The early decision deadline is **May 11, 2025**.

The application fee of **\$100** is waived for applications received by **April 30, 2025**.

I look forward to hearing from you!

BRIAN STACHOWIAK, M.A., LMFT

INTERIM PROGRAM DIRECTOR

New Center for Psychoanalysis Application

Psychoanalytic Psychotherapy Program



Adult Psychoanalytic Psychotherapy Program - APP

Brian Stachowiak - Program Director Psychotherapy@n-c-p.org

PERSONAL INFORMATION

DATE OF APPLICATION:

Name /Degree

Date of Birth & Place of Birth

Street Address

City/State/Zip Code

HOME

Phone/Cell

Text: ☐ Yes ☐ No

E-mail

Street Address

PRIVATE
OFFICE

City/State/Zip Code

Phone/Cell

E-mail

Employer Name

Street Address

City/State/Zip Code

PLACE OF
EMPLOYMENT

Phone/Cell

E-mail

I PREFER TO HAVE MY MAIL SENT TO		<input type="radio"/> HOME <input type="radio"/> OFFICE	
LICENSE(S) & CERTIFICATION(S)			
License Type (Profession):			
State/Country/Year:		Active: <div> <input type="radio"/> Yes <input type="radio"/> No </div>	
Certification/ Certifying Organization/ Year:			
REFERENCES			
Please include 1 letter of recommendation and 2 contacts who are familiar with your work			
Letter of Recommendation Writer			
Street Address			
City/State/Zip			
Phone/Cell			
Email			
1st Contact Name			
Street Address			
City/State/Zip			
Phone/Cell			
Email			
2nd Contact Name			
Street Address			
City/State/Zip			

Phone/Cell			
Email			
Emergency Contact	Name:	Phone/Cell:	
Have you ever been charged with an ethics violation, a criminal offense, or a civil complaint of a professional nature? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has your license ever been suspended, revoked, or limited? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have your professional privileges ever been limited or denied? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you been censured by a professional organization? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been convicted of a criminal offense? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has a hospital ever restricted, reduced, suspended privileges, or involved probation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been a defendant in a lawsuit related to your profession? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If the answer to any of these questions is yes, please attach an explanation.			
NCP NON-DISCRIMINATION POLICY			
NCP does not discriminate on the basis of age, race, color, gender/gender identification, marital status, religion, sexual orientation, or national and ethnic origin in the administration of its educational policies, admissions policies, or scholarship programs. In accordance with California and federal law, NCP has a policy of nondiscrimination for persons with disabilities who are otherwise qualified for training. NCP does not receive any federal aid and does not participate in any loan program, federal or otherwise to finance tuition.			
How did you learn about The New Center for Psychoanalysis Psychoanalytic Psychotherapy Programs? <input type="checkbox"/> Colleague <input type="checkbox"/> Web Search <input type="checkbox"/> Social Media <input type="checkbox"/> Email <input type="checkbox"/> Open House <input type="checkbox"/> Individual Contact Other: _____			
INTEREST STATEMENT			
Please submit a one-page statement describing how your interest in psychoanalysis developed and your current professional goals.			
CURRICULUM VITAE			
Attach a curriculum vitae that lists your undergraduate and graduate education and training (degrees, dates, institutions), dissertation subject (if applicable), and academic/scientific honors. In addition, list all current professional activities, including clinical practice, teaching experience, academic appointments, research projects, publications, and community-based services. Also include details of clinical training and internships as well as the length of supervision and names and degrees of supervisors. Please include memberships in professional and scientific organizations and other relevant activities, if applicable.			
PERSONAL PSYCHOTHERAPY/PSYCHOANALYSIS (if applicable)			
Dates	Duration	Frequency	Comments

	(# of Years)	(times per week)	

POLICIES OF THE ADULT PSYCHOANALYTIC PSYCHOTHERAPY PROGRAM (Please Sign)

I understand that my application, progress, and continuation within this program will be subject to assessment by the Director, Faculty, and the Psychotherapy Committee.

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

In addition, I understand and agree that consideration of this application by the New Center for Psychoanalysis (NCP) and my participation in the Adult Psychoanalytic Psychotherapy Program (APP), including the awarding of a certificate, is at the sole discretion of NCP under the advice of the Director and majority vote of the Psychoanalytic Psychotherapy Committee and under no circumstances will the Center, its officers, trustees, faculty, employees, or members be liable to me by reason of any action or inaction in relation thereto.

I also agree to adhere to the Code of Ethics for Psychoanalysts of the American Psychoanalytic Association and/or the standards of psychoanalytic psychotherapy as derived from the American Psychoanalytic Association. I understand that not abiding by these principles could result in my termination in this program and association with the New Center for Psychoanalysis.

I agree to report any felony convictions and/or licensing, professional membership or affiliation disciplinary action(s) started against me as a result of my counseling or therapy services or any license I hold to practice counseling or therapy including, but not limited to, revocation, suspension, probation, practice limitations, reprimand, letter of admonition, censure and any allegations of any misconduct that could possibly result in any of the foregoing that occur while I am a participant in the Adult Psychoanalytic Psychotherapy Program. Failure to comply could adversely affect your status at NCP and related clinical work.

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

Signature

Date

Print Name

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

APPLICATION ATTACHMENTS

Please include the following with your application

Included or Anticipated
Date of Submission

1) CURRICULUM VITAE (CV)

2) APPLICATION FEE \$100

3) LETTER OF RECOMMENDATION

Please request the letter be emailed to the APP Interim Program Director, Brian Stachowiak, LMFT, psychotherapy@n-c-p.org

4) LICENSE TO PRACTICE

A copy of your license to practice in the State of California.

5) EVIDENCE OF MALPRACTICE INSURANCE

6) PERSONAL STATEMENT

The undersigned hereby attests that the information I have provided is true. I understand that providing misinformation would be grounds for dismissal from the program. If accepted, I understand that my progress through and continuation in the program is at the discretion of the Education Committee of the New Center for Psychoanalysis.

Name: _____

Signature: _____

Date: _____

Email completed application to:

Brian Stachowiak, LMFT - Adult Psychoanalytic Psychotherapy (APP) Interim Program Director
Psychotherapy@n-c-p.org

Christopher Reyes - Administrative Coordinator
Email: ChrisR@n-c-p.org | Phone: (310) 478-6541 ext: 115