

Fall 2026

Dear Applicant,

Thank you for your interest in the two-year Adult Psychoanalytic Psychotherapy Program (APP) at the New Center for Psychoanalysis (NCP). Our program is designed for licensed mental health professionals in Southern California who are actively seeing patients or clients. Classes are currently offered remotely via Zoom on Wednesday evenings from 5:30 - 9:30 pm. Our program sharpens clinical skills, deepens knowledge of psychoanalytic theory, 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 the Program Director, Brian Stachowiak, M.A., LMFT, at: [psychotherapy@n-c-p.org](mailto: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 highly recommended. The application deadline is **May 31, 2026**, space permitting. The application fee of **\$100** is waived for applications received on or before **April 30, 2026**.

Looking forward,

Brian Stachowiak, M.A., LMFT  
Director, Adult Psychoanalytic Psychotherapy Program

## New Center for Psychoanalysis Application for the Adult Psychoanalytic Psychotherapy Program



**Adult Psychoanalytic Psychotherapy Program - APP**  
**Brian Stachowiak, LMFT - Program Director** [Psychotherapy@n-c-p.org](mailto:Psychotherapy@n-c-p.org)

### PERSONAL INFORMATION

DATE OF APPLICATION:

Name /Degree

Date of Birth & Place of Birth

HOME

Street Address

City/State/Zip Code

Phone/Cell

Text:  Yes  No

E-mail

PRIVATE  
OFFICE

Street Address

City/State/Zip Code

Phone/Cell

E-mail

PLACE OF  
EMPLOYMENT

Employer Name

Street Address

City/State/Zip Code

Phone/Cell

E-mail

I PREFER TO HAVE MY MAIL SENT TO

- HOME
- OFFICE

LICENSE(S) & CERTIFICATION(S)

<b>License Type (Profession):</b>	
<b>State/Country/Year:</b>	<b>Active:</b>
	<input type="radio"/> Yes <input type="radio"/> No
<b>Certification/ Certifying Organization/ Year:</b>	

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<b>REFERENCES</b>
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Please include 1 letter of recommendation and 2 contacts who are familiar with your work
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<b>Letter of Recommendation Writer</b>	
<b>Street Address</b>	
<b>City/State/Zip</b>	
<b>Phone/Cell</b>	
<b>Email</b>	
<b>1<sup>st</sup> Contact Name</b>	
<b>Street Address</b>	
<b>City/State/Zip</b>	
<b>Phone/Cell</b>	
<b>Email</b>	
<b>2<sup>nd</sup> Contact Name</b>	
<b>Street Address</b>	
<b>City/State/Zip</b>	
<b>Phone/Cell</b>	
<b>Email</b>	

<b>Emergency Contact</b>	<b>Name:</b>	<b>Phone/Cell:</b>
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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

<b>Have your professional privileges ever been limited or denied?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Have you been censured by a professional organization?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Have you ever been convicted of a criminal offense?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Has a hospital ever restricted, reduced, suspended privileges, or involved probation?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Have you ever been a defendant in a lawsuit related to your profession?</b>	<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?**

Colleague    Web Search    Social Media    Email    Open House    Individual Contact   Other: \_\_\_\_\_

**INTEREST STATEMENT**

Please submit a one to two-page (maximum) 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 (# of Years)	Frequency (times per week)	Comments

**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 Program Director, Faculty, and the Adult Psychoanalytic 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 APP Program 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.

If I am admitted into the APP Program, I agree to adhere to NCPs Code of Conduct and NCP's Leave of Absence Policy and Procedure for the Adult Psychoanalytic Psychotherapy Program.

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 Program Director, Brian Stachowiak, LMFT,  
[psychotherapy@n-c-p.org](mailto: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 APP Program Director and the Adult Psychoanalytic Psychotherapy Program Committee of the New Center for Psychoanalysis.

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Email completed application to:**

**Brian Stachowiak, LMFT** - Adult Psychoanalytic Psychotherapy (APP) Program Director

Email: [Psychotherapy@n-c-p.org](mailto:Psychotherapy@n-c-p.org)

**Christopher Reyes** - Administrative Coordinator

Email: [ChrisR@n-c-p.org](mailto:ChrisR@n-c-p.org) | Phone: (310) 478-6541 ext: 115