

2014 Sawtelle Boulevard
Los Angeles, CA 90025
310.478.6541
www.N-C-P.org

Fall 2023

Dear Applicant,

Thank you for your interest in the remote 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 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 connection 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 Program Director Lucia Melito, PhD, 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.

I look forward to hearing from you!

LUCIA MELITO, PHD
PROGRAM DIRECTOR

New Center for Psychoanalysis Application

Psychoanalytic Psychotherapy Programs

Please check one box

- Adult & Child Psychoanalytic Training Program - APT/CAPT***
Cheryl Difatta - Administrative Director NCPAdmissions@n-c-p.org
- Adult Psychoanalytic Psychotherapy Program - APP**
Lucia Melito - Program Director Psychotherapy@n-c-p.org
- Child & Adolescent Psychoanalytic Psychotherapy Program - CAPP**
Katharine Gould - Program Director Childpsychotherapy@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:	<input type="checkbox"/> Yes <input type="checkbox"/> 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)

License Type (Profession):

State/Country/Year:

Active:

Yes

No

Certification/ Certifying Organization/ Year:

If you do not presently have your license, when do you expect to obtain it and what stage of training are you in?

REFERENCES	
PLEASE LIST REFERENCES WHO ARE FAMILIAR WITH YOUR WORK	
Reference Name	
Street Address	
City/State/Zip	
Phone/Cell	
Email	
1 st Contact Name	
Street Address	
City/State/Zip	
Phone/Cell	
Email	
2 nd Contact Name <i>(optional)</i>	
Street Address	
City/State/Zip	
Phone/Cell	
Email	
Emergency Contact	Name: _____ Phone/Cell: _____
ETHICS & PROCEDURES	
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
Has 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
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 <input type="checkbox"/> 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 (# 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 Director, Faculty, and the Psychotherapy Committee and I agree to abide by their assessment.

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.

Christian Bold, MS Manager of Psychotherapy Programs - APP & CAPP Program Manager & Administrator

Phone: (310) 478-6541 ext. 113

Email: Christianbold@n-c-p.org

APPLICATION ATTACHMENTS

Please include the following with your application	<i>Included or Anticipated Date of Submission</i>
1) CURRICULUM VITAE (CV)	
2) APPLICATION FEE \$50 Application fee waived if received by July 1st.	
3) LETTER OF RECCOMENDATION Please request the letter be emailed to the Director of the APP Program, Lucia Melito, PhD, 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	

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 Committee of the New Center for Psychoanalysis.

Name: _____

Signature: _____

Date: _____

Email completed application to:

Adult Psychoanalytic Psychotherapy (APP) - Program Director
 Lucia Melito, PhD
Psychotherapy@n-c-p.org

