

Fall 2024

Dear Applicant,

Thank you for your interest in the two-year Child and Adolescent Psychoanalytic Psychotherapy Program (CAPP) at the New Center for Psychoanalysis (NCP).

CAPP is a two-year in-person program at the New Center for Psychoanalysis.

** A remote solution may be possible if you are out of L.A.*

Our program is designed for licensed mental health professionals actively seeing patients or clients. (LCSW, MFT, PhD, MD). Occasionally, we accept students working toward licensure under a licensed professional.

Our program sharpens clinical skills, deepens theoretical knowledge, and enriches case conceptualizations through the lens of in-depth analytic thinking. Through the CAPP program and the affiliation with NCP's programs, students find a community of professionals and make connections that continue to thrive long after graduation.

CAPP aims to offer an in-depth understanding and recognition of developmental phases from birth to emerging adulthood, which will assist our graduates in becoming more effective clinicians.

Please return your completed application to Program Director Katharine Gould, MSW, CLC, at: childpsychotherapy@n-c-p.org.

Once your completed application is received, you will be contacted to arrange an interview.

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

Early application deadline is May 15th. The regular application deadline is August 31st.

Application Fee of \$100 is waived for early applicants.

I look forward to hearing from you!

KATHARINE GOULD, MSW, CLC
PROGRAM DIRECTOR

New Center for Psychoanalysis Application

Child and Adolescent Psychoanalytic Psychotherapy Program



Child and 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: ☐ 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

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LICENSE(S) & CERTIFICATION(S)	
License Type (Profession):	
State/Country/Year:	Active: <div style="float: right;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>
Certification/ Certifying Organization/ Year:	
REFERENCES	
Please include 1 letter of recommendation and 2 contacts who are familiar with your work	
<div style="border: 1px solid black; padding: 2px;">Letter of Recommendation Writer</div>	<div style="border: 1px solid black; height: 40px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 40px;"></div>
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<div style="border: 1px solid black; padding: 2px;">1st Contact Name</div>	<div style="border: 1px solid black; height: 20px;"></div>
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<div style="border: 1px solid black; padding: 2px;">2nd Contact Name</div>	<div style="border: 1px solid black; height: 20px;"></div>
<div style="border: 1px solid black; padding: 2px;">Street Address</div>	<div style="border: 1px solid black; height: 20px;"></div>

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 Child and Adolescent Psychoanalytic Psychotherapy Program?	
<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 (# of Years)	Frequency (times per week)	Comments

POLICIES OF THE CHILD AND ADOLESCENT PSYCHOANALYTIC PSYCHOTHERAPY PROGRAM (Please Sign)

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

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 Child and Adolescent Psychoanalytic Psychotherapy Program (CAPP), including the awarding of a certificate, is at the sole discretion of NCP under the advice of the Director and majority vote of the Child and Adolescent Psychoanalytic Psychotherapy program 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 Director of the CAPP Program, katharine Gould, MSW, CLC,
childpsychotherapy@n-c-p.org

4) **LICENSE TO PRACTICE**

