

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

Fall, 2020

Dear Applicant:

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

We think you will agree that our Psychoanalytic Psychotherapy Program is the place to grow!

Over the course of the two years you will sharpen your skills, deepen your knowledge, and thrive professionally in a dynamic and supportive environment.

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

For further information about our Program and/or any questions you may have, please contact Program Director Lucia Melito, PhD, at: [psychotherapy@n-c-p.org](mailto:psychotherapy@n-c-p.org).

I look forward to hearing from you.

Sincerely,

LUCIA MELITO, PHD  
PROGRAM DIRECTOR

*NCP is a member of the  
American Psychoanalytic Association  
and the International Psychoanalytical Association*



**APPLICATION FOR ADULT PSYCHOANALYTIC PSYCHOTHERAPY PROGRAM**

Ebony Towner, Program Administrator (310) 478-6541 x10 ebonyt@n-c-p.org

**PERSONAL INFORMATION**

|                            |                |  |  |
|----------------------------|----------------|--|--|
| Name/Degree                |                |  |  |
| Date of Application        |                |  |  |
| <b>HOME</b>                | Street Address |  |  |
|                            | City/State/Zip |  |  |
|                            | Phone/Cell     |  |  |
|                            | E-mail         |  |  |
| <b>PRIVATE OFFICE</b>      | Street Address |  |  |
|                            | City/State/Zip |  |  |
|                            | Phone/Cell     |  |  |
|                            | E-mail         |  |  |
| <b>PLACE OF EMPLOYMENT</b> | Employer Name  |  |  |
|                            | Street Address |  |  |
|                            | City/State/Zip |  |  |
|                            | Phone/Cell     |  |  |
|                            | E-mail         |  |  |

I PREFER TO HAVE MY MAIL SENT TO MY       HOME     OFFICE

|                |                 |
|----------------|-----------------|
| Date of Birth: | Place of Birth: |
|----------------|-----------------|

**LICENSE(S) AND CERTIFICATION(S):**

License Type (profession):

|             |  |
|-------------|--|
| State/Year: | Active: <input type="checkbox"/> Yes <input type="checkbox"/> 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?

**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 weeks) | Comments |
|-------|-----------------------|-----------------------------|----------|
|       |                       |                             |          |
|       |                       |                             |          |
|       |                       |                             |          |

**PLEASE LIST ONE REFERENCE AND TWO CONTACTS WHO ARE FAMILIAR WITH YOUR WORK**

|                                      |  |
|--------------------------------------|--|
| <b>Letter of Recommendation Name</b> |  |
| <b>Street Address</b>                |  |
| <b>City/State/Zip</b>                |  |
| <b>Phone</b>                         |  |
| <b>E-mail</b>                        |  |
| <b>1<sup>st</sup> Contact Name</b>   |  |
| <b>Street Address</b>                |  |
| <b>City/State/Zip</b>                |  |
| <b>Phone</b>                         |  |
| <b>E-mail</b>                        |  |
| <b>2<sup>nd</sup> Contact Name</b>   |  |
| <b>Street Address</b>                |  |
| <b>City/State/Zip</b>                |  |
| <b>Phone</b>                         |  |
| <b>E-mail</b>                        |  |

## **ETHICS and PROCEDURES**

**Have you ever been charged with an ethics violation, a criminal offense, or a civil complaint of a professional nature?**    **Yes**    **No**

**Has your license ever been suspended, revoked or limited?**    **Yes**    **No**

**Have your professional privileges ever been limited or denied, or have you been censured by a professional organization?**    **Yes**    **No**

**If the answer to any of the above questions is yes, please attach an explanation.**

**HOW DID YOU LEARN ABOUT THE NCP ADULT PSYCHOANALYTIC PSYCHOTHERAPY PROGRAM?**

**Colleague**    **Web Search**    **Mailing**    **Open House**    **Individual Contact**    **Other**

## POLICIES OF THE ADULT PSYCHOANALYTIC PSYCHOTHERAPY PROGRAM

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 or a graduate of the New Center's Training Program in Psychoanalysis.

In addition I understand and agree that consideration of this application by the New Center for Psychoanalysis (NCP) and my participation in the Psychoanalytic Psychotherapy Program (PPP), 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.

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

Signed: \_\_\_\_\_

***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.***

| <b>APPLICATION ATTACHMENTS</b>   | <i>Included or Anticipated Date of Submission</i> |
|--|---|
| <b>Please include the following with your application:</b>   |   |
| 1) <b>Curriculum Vitae</b>   |   |
| 2) <b>Application Fee \$50</b>   |   |
| 3) <b>Letter of Recommendation: Please request the letter be addressed or emailed to the Director of the PP Program, Lucia Melito, PhD, <a href="mailto:psychotherapy@n-c-p.org">psychotherapy@n-c-p.org</a></b>   |   |
| 4) <b>Interest Statement</b>   |   |
| 5) <b>License to Practice:</b> A copy of your license to practice in California.   |   |
| 6) <b>Evidence of Malpractice Insurance</b>  |   |
| 7) <b>Two contact names of people familiar with your work</b>  |   |
|  |   |
| <p><i>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 Psychoanalytic Psychotherapy Committee of the New Center for Psychoanalysis.</i></p> <p style="text-align: center;">Name: _____</p> <p style="text-align: center;">Signature: _____</p> <p style="text-align: center;">Date: _____</p> |   |
| <p><b>Mail or E-mail completed application to: Ebony Towner, PPP Administrator</b><br/> <a href="mailto:ebonyt@n-c-p.org">ebonyt@n-c-p.org</a><br/> (310) 478-6541, ext. 10<br/> <b>New Center for Psychoanalysis</b><br/> 2014 Sawtelle Boulevard, Los Angeles, CA 90025</p>  |   |