

## BOARD OF DIRECTORS

### PRESIDENT

Paulene Popek, PhD

### PAST PRESIDENT

Myra Pomerantz, PhD

### DEAN

Jill Model Barth, PhD

### SECRETARY

Gabrielle Taylor, PsyD

### TREASURER

David Thomsen, MBA

### PSYCHOTHERAPY DIVISION DIRECTOR

Luicia Melito, PhD

### MEMBERSHIP SERVICES DIRECTOR

Sandra Landen, PhD

### CHILD ANALYTIC COMMITTEE

Susan Donner, MD – Chair

### DIVERSITIES AND SOCIOCULTURAL ISSUES COMMITTEE

Michele Gomes, PsyD – Chair

### EXTENSION COMMITTEE

Elena Balashova-Shamis, PsyD – Co-Chair

Luis Nagy, PhD – Co-Chair

### PROGRAM COMMITTEE

Michael Gales, MD – Co-Chair

Heather Silverman, MD – Co-Chair

### SENIOR AT LARGE REPRESENTATIVES

Julie Teppner, PsyD, MFT

Kenneth House, MD, PhD

### JUNIOR AT LARGE REPRESENTATIVE

Agnes Regeczkey, MFT, PhD

### CLINICAL ASSOCIATES ORGANIZATION

Aimee Martinez, PhD - President

### EXECUTIVE COUNCILOR

Jeffrey Prager, PhD - Chair

## EDUCATION COMMITTEE

### DEAN

Jill Model Barth, PhD

### CHILD ANALYTIC COMMITTEE

Susan Donner, MD – Chair

### ADMISSIONS COMMITTEE

Sidonie Freeman, PhD – Co-Chair

### CURRICULUM COMMITTEE

Van Dyke DeGolia, MD – Chair

### FACULTY COMMITTEE

Janet Smith, PhD – Chair

### PROGRESSION COMMITTEE

Martha Slagerman, PhD – Co-Chair

Lynn Kuttner, PhD – Co-Chair

### RESEARCH COMMITTEE

Linda Goodman, PhD – Chair

### RESEARCH TRAINING COMMITTEE

Jeffrey Prager, PhD – Chair

### WRITING & RESEARCH COMMITTEE

Agnes Regeczkey, PhD – Chair

### TA/TS COMMITTEE

Lynn Kuttner, PhD – Chair

### IAC CHAIR & OMBUDSPERSON

Julie Teppner, PsyD, MFT

### STRATEGIC PLANNING REPRESENTATIVE

Dahlia Nissan Russ, PsyD, LCSW

### DIVERSITIES AND SOCIOCULTURAL ISSUES REPRESENTATIVE

Joe Verrone, LCSW

### SENIOR AT LARGE REPRESENTATIVE

Heather Silverman, MD

### JUNIOR AT LARGE REPRESENTATIVE

Gerard Sobnosky, LMFT

Elena Balashova-Shamis, PsyD

### INSTITUTE ADMINISTRATOR

Cheryl Difatta

June 2021

Dear Applicant:

Thank you for your interest in psychoanalytic training at the New Center for Psychoanalysis (NCP). We are so pleased to receive applications from such well-qualified and motivated individuals to NCP's Adult Psychoanalytic Training Program. Applicants who live and work in the state of California must possess a current valid license to practice, and all applicants must demonstrate solid training in their discipline and clinical excellence.

If you are a PhD/Research applicant, please download the proper application from our website or request one at the email below.

Please read through and complete the enclosed Clinical application, paying special attention to the list of attachments you are to include. We look forward to reviewing your information and proceeding with our application process.

Sincerely,

Sidonie Freeman, Psy.D.  
Chair, Admissions Committee  
drsidoniefreeman@gmail.com

Jill Model Barth, PhD  
Dean of Training  
Dean@n-c-p.org

2014 Sawtelle Boulevard Los Angeles, California 90025  
Ph: 310.478.6541 Fax: 310.477.5968 E-mail: info@N-C-P.org

**APPLICATION FOR CLINICAL PSYCHOANALYTIC TRAINING**

Ph 310.478.6541 ~ Fax 310.477.5968 ~ [www.N-C-P.org](http://www.N-C-P.org)

**PERSONAL INFORMATION**

<b>Name/Degree</b>			
<b>Date of Application</b>			
<b>HOME</b>  <i>P.O. Boxes not accepted</i>	<b>Street Address</b>		
	<b>City/State/Zip</b>		
	<b>Phone/Cell</b>		
	<b>Fax</b>		
	<b>E-mail</b>		
<b>PRIVATE OFFICE</b>  <i>P.O. Boxes not acceptable</i>	<b>Street Address</b>		
	<b>City/State/Zip</b>		
	<b>Phone/Cell</b>		
	<b>Fax</b>		
	<b>E-mail</b>		
<b>INSTITUTIONAL EMPLOYMENT</b>	<b>Street Address</b>		
	<b>City/State/Zip</b>		
	<b>Country</b>		
	<b>Phone/Cell</b>		
	<b>E-mail</b>		
<b>I PREFER TO HAVE MY MAIL SENT TO MY</b> <input type="checkbox"/> <b>HOME</b> <input type="checkbox"/> <b>OFFICE.</b>			
<b>Date of Birth:</b>		<b>Place of Birth:</b>	
<b>Social Security: #</b>			
<b>LICENSE(S) AND CERTIFICATION(S):</b>			
<b>License Type (profession):</b>			
<b>State/Country/Year:</b>		<b>Active:</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	
<b>Certification/Certifying Organization/Year:</b>			
<b>If you do not presently have your license, when do you expect to obtain it?</b>			

## AUTOBIOGRAPHY

Please submit a written autobiography—approximately three to five page which describes your significant life events, family life and formative and emotional experiences, and significant interpersonal relations. Emphasize how your interest in psychoanalysis developed and your current training 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, field placements, and pre-and postdoctoral internships as well as the frequency and lengths of supervision and names and qualifications of the supervisors. In addition, provide a list of memberships in professional and scientific organizations and other relevant activities.

## PROFESSIONAL CLINICAL EXPERIENCE (if applicable)

*Provide a sample of patients you have seen to document the breadth and range of your clinical experience. Use an additional sheet if necessary.*

Patient Age	Gender ID	Frequency (x/week)	Duration (mos. – yrs.)	Descriptive Comments

## PERSONAL CLINICAL EXPERIENCE: PSYCHOTHERAPY AND PSYCHOANALYSIS (if applicable)

Dates	Duration (# of Years)	Frequency (times per weeks)	Comments

**DO YOU HAVE ANY MEDICAL, PHYSICAL OR MENTAL CONDITION THAT WOULD IMPACT YOUR ABILITY TO CONDUCT OR COMPLETE YOUR TRAINING? (Please explain)**

---

---

---

---

REFERENCES AND THEIR COMPLETE CONTACT INFORMATION	
<b>1</b>	<b>Name</b>
	<b>Street Address</b>
	<b>City/State/Zip</b>
	<b>Phone</b>
	<b>Fax</b>
	<b>E-mail</b>
<b>2</b>	<b>Name</b>
	<b>Street Address</b>
	<b>City/State/Zip</b>
	<b>Phone</b>
	<b>Fax</b>
	<b>E-mail</b>
<b>3</b>	<b>(optional) Name</b>
	<b>Street Address</b>
	<b>City/State/Zip</b>
	<b>Phone</b>
	<b>Fax</b>
	<b>E-mail</b>
<b>ETHICS and PROCEDURES</b>	
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, or have you been censured by a professional organization? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If the answer to any of the above questions is yes, please attach an explanation.	
HOW DID YOU LEARN ABOUT THE NEW CENTER FOR PSYCHOANALYSIS ANALYTIC TRAINING PROGRAM?	
<input type="checkbox"/> Colleague <input type="checkbox"/> Web Search/Social Media <input type="checkbox"/> Email <input type="checkbox"/> Open House <input type="checkbox"/> Individual Contact <input type="checkbox"/> Other: _____	

## **POLICIES OF THE NEW CENTER FOR PSYCHOANALYSIS (Please Sign)**

The submission of your application acknowledges your acceptance and agreement with the following policies and procedures: Applicants are accepted with the expectation that they will develop the necessary skills to understand psychoanalytic concepts and conduct clinical analyses. This implies that they possess certain abilities, at least in potential, and that they have no disqualifying features. As evaluating such factors both initially and throughout the course of training is a complex and difficult matter, final decisions ultimately rest in the discretion of the Institute and its authorized committees. Such evaluations are best achieved when faculty and students are assured the utmost confidentiality of all educational records. Access to records is restricted exclusively to those committees charged with evaluating applicants, candidates, and the program at large.

The responsibility for accepting applicants rests with the Education Committee on the advice of the Admissions Committee and the Dean. The Admissions Committee arrives at its recommendation after evaluating the application, letters of recommendation, evidence of past performance, and personal interviews by faculty members. The responsibility for continuing assessment of candidates rests with the Student Progression and Education Committees. The Student Progression and Education Committees review the status of all candidates who can expect to be kept informed of their progress. Candidates may request an interview at any time to discuss their status.

I have read and I accept the description of the policies, standards, and procedures of NCP and hereby make application for admission to training in psychoanalysis. I give the New Center for Psychoanalysis permission to communicate with my references.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

## **PLEDGE**

*If admitted for training, I pledge not to represent myself as a psychoanalyst until so authorized by the Education Committee of the New Center for Psychoanalysis. I further pledge that if accepted for training, I will not conduct unsupervised psychoanalytic treatment or represent myself as an independent practitioner of psychoanalysis until I am authorized to do so by the Education Committee.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

## **CONDITION OF CANDIDACY AND RELEASE AND HOLD HARMLESS STATEMENT**

As a condition of Candidacy of the Training Program of the New Center for Psychoanalysis, I agree to abide by the ethical and competency standards of psychoanalysis as described in the American Psychoanalytic Association's [Principles and Standards of Ethics for Psychoanalysts](#) and/or the ethical and competency standards of psychoanalytic psychotherapy as derived from the American Psychoanalytic Association's [Principles and Standards of Ethics for Psychoanalysts](#).

I agree, if requested, to cooperate with the Division of Membership Services and/or the Ethics Committee of the New Center for Psychoanalysis and to release, hold harmless and indemnify the New Center for Psychoanalysis, its officers, agents, and members of the Division of Membership Services and/or the Ethics Committee from any and all claims arising out of the initiation and processing of any concerns or complaints of impairment or unethical conduct alleged against me.

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 New Center for Psychoanalysis Training Program. Failure to comply could adversely affect your status at NCP and related clinical work.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

*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, and 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.*

APPLICATION ATTACHMENTS	<i>Included or Anticipated Date of Submission</i>
<b>Please include the following with your application:</b>	
1) <b>Curriculum Vitae</b>	
2) <b>Autobiography</b>	
3) <b>Case Report:</b> A brief (3-5 pages) of a specific description of an ongoing case. This write-up serves as the basis for an interview with a member of our faculty during which your clinical work will be discussed. Use <i>initials only</i> when referring to patient, leave out any recognizable information.	
4) <b>Letters of Recommendation:</b> Please request that the letters be addressed to the chair of the Admissions Committee and sent directly to the Center.	
5) <b>License to Practice:</b> A copy of your license to practice (State of California).	
6) <b>Evidence of Malpractice Insurance (\$1M - \$3M)</b>	
7) <b>Transcripts</b> of all graduate education and postdoctoral records should be submitted directly to the Center to the attention of the Admissions Chair.	
8) <b>Application Fees:</b> Please enclose a non-refundable applicant fee of \$100 with your application, payable to the New Center for Psychoanalysis. Memo: (ATP) (Due only if application is submitted after June 15 <sup>th</sup> )	
9) <b>Medical Exam:</b> I agree provide proof of a recent medical exam by July 31	
<p>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.</p> <p style="text-align: center;">Name: _____</p> <p style="text-align: center;">Signature: _____</p> <p style="text-align: center;">Date: _____</p>	
<div style="background-color: #d9e1f2; padding: 10px; text-align: center;"> <b>Mail completed application to: Admissions.</b>  <b>New Center for Psychoanalysis</b>  <b>2014 Sawtelle Boulevard, Los Angeles, CA 90025</b> </div>	