



APPLICATION FOR PSYCHOANALYTIC TRAINING—RESEARCH

Dear Prospective Applicant:

Thank you for your interest in psychoanalytic training at the New Center for Psychoanalysis (NCP). Training as a Research Candidate in Psychoanalysis requires that the applicant meet specific criteria.

Please review the admission requirements on our website. Feel free to contact me directly, or call the NCP Institute Administrator if you have any questions.

Please complete the following application, paying special attention to the list of attachments you are to include.

We welcome your application and look forward to hearing from you.

Sincerely,

Jeffrey Prager, Ph.D.

Jeffrey Prager, Ph.D.
Chair, Research Training Committee

NEW CENTER FOR PSYCHOANALYSIS APPLICATION FOR PSYCHOANALYTIC TRAINING—RESEARCH

Ph 310.478.6541 ~ Fx 310.477.5968 ~ www.N-C-P.org

PERSONAL INFORMATION

Name/Degree			
Date of Application			
HOME	Street Address		
	City/State/Zip		
	Phone/Cell		
	Fax		
	E-mail		
INSTITUTIONAL EMPLOYMENT	Street Address		
	City/State/Zip		
	Phone/Cell		
	Fax		
	E-mail		

I prefer to have my mail sent to my Home Office

Date of Birth:	Place of Birth:
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Social Security: #	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
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ARE YOU INTERESTED IN TRAINING IN CHILD ANALYSIS? Yes No

CALIFORNIA LICENSE(S) TO PRACTICE THERAPY *if any:*

License Type and Date Issued: Active: Yes No

ACADEMIC AND PROFESSIONAL TRAINING

Graduate or Professional Schools		
School:	Degree:	Date:
School:	Degree:	Date:
PhD Dissertation Title:	MA Thesis Title:	
College/University		
School:	Degree:	Date:

FELLOWSHIPS

(State nature and dates):

PRESENT PROFESSIONAL ACTIVITIES

List all current activities including teaching appointments, positions, etc.

MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS

Organization: _____

Organization: _____

Organization: _____

AUTOBIOGRAPHY

Please submit an autobiography—approximately four single-spaced typewritten pages that describes significant life events, formative emotional experiences, and significant interpersonal relations. Emphasize your professional development and how your interest in psychoanalysis developed.

RATIONALE FOR SEEKING PSYCHOANALYTIC TRAINING

Please submit a brief discussion of your ideas as to how you plan to use your psychoanalytic training in your profession (maximum three typed pages).

CURRICULUM VITAE

Attach a *curriculum vitae* which includes details of clinical training, including field placements pre and post doctoral internships with a description of the setting and the activities or duties involved. It is important that the applicant list all clinical training including supervision, noting frequency, length and names and qualifications of the supervisors. Applicants should also note any teaching or supervising appointments that they have held.

PERSONAL CLINICAL EXPERIENCE (if applicable)

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

LETTERS OF RECOMMENDATION

Although all letters are welcome, the more current your contact with those who write letters of recommendation the better.

Suggested sources are supervisors and teachers during graduate and post-graduate education. A minimum of three letters are required; four are desirable. Please indicate who will be sending a letter to us on your behalf.

REFERENCES

Contact Information Please include Department, Building & Mail Drop Codes

1	Name	
	Street Address	
	City/State/Zip	
	Phone	
	Fax	
	E-mail	
2	Name	
	Street Address	
	City/State/Zip	
	Phone	
	Fax	
	E-mail	
3	Name	
	Street Address	
	City/State/Zip	
	Phone	
	Fax	
	E-mail	
4	Name	
	Street Address	
	City/State/Zip	
	Phone	
	Fax	
	E-mail	

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

ETHICS PROCEDURES

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

Have you ever been refused, dismissed, or asked to resign from the membership of or staff of any professional organization? Yes No

IF THE ANSWER TO ANY OF THE ABOVE QUESTIONS IS YES, PLEASE ATTACH AN EXPLANATION.

IF ACCEPTED, WHEN DO YOU PLAN TO START YOUR TRAINING ANALYSIS? _____

HOW DID YOU LEARN ABOUT THE NEW CENTER FOR PSYCHOANALYSIS ANALYTIC TRAINING PROGRAM?

Reputation Web Search Open House Individual Contact Other _____

POLICIES OF THE NEW CENTER FOR PSYCHOANALYSIS

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 annually, and candidates 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

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

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 investigations 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 the Center and your patients.

Print Name

Signature

Date

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.*

AUTHORIZATION FOR RELEASE OF INFORMATION

The undersigned applicant authorizes the release of the information described below concerning acceptance to the Training Program for the New Center for Psychoanalysis and to the American Psychoanalytic Association.

This authorization is limited to the following types of information: Any information, references, or records requested by the New Center for Psychoanalysis and its duly constituted Committees, and/or the American Psychoanalytic Association in connection with any evaluation of the suitability of this applicant to be enrolled or to continue as a student in the New Center for Psychoanalysis.

In consideration of the release of this information and of the review of his/her application to enroll as a student at the New Center for Psychoanalysis, the American Psychoanalytic Association, and/or their agents and employees are harmless against any claims, complaints, lawsuits, or any other form of liability exposure, including claims brought by this applicant or any third person as a result of the New Center for Psychoanalysis, the American Psychoanalytic Association, and/or their agents and employees providing this information and disclosure of this information to authorized or unauthorized persons.

This authorization shall remain valid only until five years from the date listed below.

You may retain a copy of this authorization.

Signature of Applicant: _____ Date: _____

Name (printed): _____

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.

Name: _____

Signature: _____

Date: _____

ApsaA Membership

The New Center requires candidates to become members of the American Psychoanalytic Associate upon matriculation. Membership is to be retained throughout training.

The undersigned agrees to this stipulation:

Name: _____

Signature: _____

Date: _____

ACADEMIC ASSOCIATE CANDIDATE FEES

First calendar year of Academic Associate Candidate:
APsaA \$30 (Includes a complimentary subscription to JAPA)

Full Academic Associate Candidate Dues:
APsaA \$75 ensuing years
JAPA additional at a reduced member rate

See the APsaA website for more information.

ATTACHMENTS

Please include the following with your application:

1) **Curriculum Vitae**

2) **Autobiography**

3) **Rationale for Seeking Analytic Training**

4) **Letters of Recommendation:** Please request that the letters be addressed to the chair of the Research Admissions Committee and sent directly to the Center.

5) **Official Transcripts** of all graduate education and postdoctoral records should be submitted directly to the Center to the attention of the Admissions Chair.

6) **Letter confirming recent Examination** by your physician.

7) **Application Fee:** Please enclose a non-refundable applicant fee of \$150 with your application, payable to the New Center for Psychoanalysis.
(Not applicable prior to June 15th)

Mail completed application to:
New Center for Psychoanalysis
2014 Sawtelle Boulevard
Los Angeles, CA 90025

Attn: Admissions