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| **APPLICATION FOR FELLOWSHIP IN PSYCHOANALYSIS**(rev. 1/29/19) **P: 646-754-4870****Email:** **pany@nyulangone.org** |
| PERSONAL INFORMATION |
| Date of Application: |
| First Name: | Last Name: |
| Degree/License: |
| HOME | Address: City/State/Zip: |  |
| Telephone: | Fax: |
| Email: | Cell: |
| PRIVATE OFFICE | Address: City/State/Zip: |  |
| Telephone: | Fax: |
| Email: |
| INSTITUTIONAL EMPLOYMENT | Address: City/State/Zip: |  |
| Telephone: | Fax: |
| Email: |
| Gender: | Date of Birth: | Citizenship: |
| Nondiscrimination PolicyPANY admits training candidates of any race, color, national and ethnic origin, actual or perceived sexual orientation, gender identity and gender expression to all the rights, privileges, programs, and activities generally accorded or made available to candidates at the Institute.PANY does not discriminate on the basis of race, color, national and ethnic origin, actual or perceived sexual orientation, gender identity or gender expression in administration of its educational policies, admissions policies, and other institute-administered programs. |
| CURRICULUM VITAE |
| Please attach your Curriculum Vitae to this application. Be sure to include:* Current and recent professional activities
* Training (undergraduate, graduate, internships, externships, residencies, fellowships, and other postdoctoral training)
* Professional experience
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| REFERENCES - We sometimes find it helpful to talk with professors, supervisors or employers who have been involved with your training or professional work. Please give names and contact information for two people who might provide references for you, if asked. |
| Name: | Degree: |
| Address: City/State/Zip: |  |
| Telephone: | Fax: |
| Email: |
| Name: | Degree: |
| Address: City/State/Zip: |  |
| Telephone: | Fax: |
| Email: |
| How did you first hear of the Institute at PANY? |
| Have you been to any of our events? If so, please list. |
| Please tell us about your interest in pursuing a fellowship in psychoanalysis. |
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| I understand that the electronic submission by email is equivalent to my signature.Signature: Date:  |
| Please be sure to include a copy of your Curriculum Vitae with your application. Please return this application by email (pany@nyulangone.org), fax 646-754-9540 or mail to:c/o Psychoanalytic Association of New YorkNYU Department of Psychiatry One Park Avenue 8th Floor New York, NY 10016If you do not receive a phone call or email that we received your application within 2 weeks of submission, please contact the Institute office at 646-754-4870. |