

# Application for Clinical Training



**Psychoanalytic  
Association of  
New York**

**\*\* Due May 15th**

P: 646-754-4870 email: [pany@nyulangone.org](mailto:pany@nyulangone.org)

Date of Application:

Program Division  
(check all that apply):

☐

Adult Psychoanalytic

☐

Adult Psychotherapy

☐

Child & Adolescent Psychoanalytic

☐

Undecided

## Personal Information

Last Name:

First Name:

Clinical Degree/License:

Other Degrees/Licenses:

☐

Applying under LP training

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:

Date of Birth:

Gender:

Place of Birth:

Citizenship:

## Nondiscrimination Policy

PANY 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.

Clinical 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?				
<input type="checkbox"/> Applying under LP training				
Professional Clinical Experience (if applicable):				
Please provide a summary of patients you have worked with. (If you are applying for the Child & Adolescent program, please be sure to include your work with this population.)				
Age	Gender	Frequency (x/week)	Duration (months, yrs.)	Comments
Personal Psychotherapy or Psychoanalysis One's own psychotherapy or psychoanalysis is a component of a psychotherapist/analyst's education and is a training requirement.				
Dates	Frequency	Duration	Comments	
Personal Medical History Have you experienced any significant medical conditions?				

### Curriculum Vitae

Please attach your Curriculum Vitae to this application, listing your undergraduate, graduate and clinical training education (degrees, dates, institutions), dissertation subject (if applicable), academic/scientific honors, and - where applicable - experience in research, supervision, publications, memberships in professional and scientific organizations, and any other relevant activities.

References ( <i>Name, Degree, Address- please be specific with exact building number, department, zip code, etc.</i> )		
Please note that references will be requested on your behalf.		
*[ONLY A TOTAL OF 2 REFERENCES REQUIRED FOR PSYCHOTHERAPY PROGRAM APPLICATION]		
*Reference 1: Clinical Training Director or Supervisor		
Name:		Degree:
Address:		
City/State/Zip:		
Telephone:		Fax:
Email:		
*Reference 2: Clinical Supervisor		
Name:		Degree:
Address:		
City/State/Zip:		
Telephone:		Fax:
Email:		
*Reference 3: Another individual who is familiar with your current clinical work		
Name:		Degree:
Address:		
City/State/Zip:		
Telephone:		Fax:
Email:		
Prior and Current Training Applications		
Have you submitted past or current applications to this or other psychoanalytic institutes or have you been in previous psychoanalytic training?		
Institute	Dates	Disposition of Application/Training

How did you first hear of the Institute at PANY?		
Please indicate which (if any) of the institute's events you have attended and approximate date.		Date
<input type="checkbox"/>	Open House	
<input type="checkbox"/>	Fall six-week seminar series "Introduction to the Principles of Psychoanalysis and Psychotherapy"	
<input type="checkbox"/>	Prelude to Training Series (Saturday mornings)	
<input type="checkbox"/>	Prelude to Training Event (individual Saturday morning seminar)	
<input type="checkbox"/>	Trainee Dinners	
<input type="checkbox"/>	PANY Postgraduate Society scientific meeting	
<input type="checkbox"/>	Other? (please specify)	
Ethics and Procedures		
Have you ever been charged with a criminal offense, ethics violation or a civil complaint of a professional nature?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Has your license ever been suspended, revoked or limited?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Have your professional privileges ever been limited or denied, or have you been censured by a professional organization?		Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If the answer to any of the above questions is yes, please attach a written explanation.</i>		
<p><i>Policies of the Institute at PANY</i></p> <p><i>An applicant should be familiar with the processes and procedures that influence educational progress at any institution. Consequently, a general statement disclosing the policies that guide the Institute at PANY is useful. Your application indicates your acceptance and agreement with these policies and procedures.</i></p> <p><i>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. It is always a complex and difficult matter to evaluate such factors both initially and in the course of training, and final decisions ultimately rest in the discretion of the Institute and its authorized committees. Experience has shown that such evaluations are best achieved when faculty and students are assured the utmost confidentiality of all educational records. Access to records will be restricted exclusively to those committees charged with evaluating applicants, candidates and the program at large.</i></p>		

*The responsibility for accepting applicants rests with the Admissions Committee; the responsibility for continuing assessment of candidates rests with the Student Progression and Education Committees. The Admissions Committee arrives at its decision after evaluating letters of recommendation, transcripts, evidence of current and past performance, and personal interviews by faculty members. The Student Progression and Education Committees review the status of all candidates twice a year, and candidates can expect to be kept informed of their rates of progress. Candidates may request an interview at any time to discuss their progress. For psychoanalytic candidates, no one may represent herself or himself as competent to conduct psychoanalysis until she or he is authorized to do so by the Education Committee. All candidates in psychotherapy and psychoanalytic training are subject to the Institute's Academic Code of Conduct and other standard policies of the Institute at PANY, which will be provided once accepted to the training program.*

*I have read and I accept the description of the policies, standards, and procedures of the Institute at PANY and hereby make this application for admission for training in psychotherapy/ psychoanalysis. I grant the Institute at PANY permission to communicate with my references. I further pledge that if accepted for training in psychoanalysis 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.*

*I understand that the electronic submission by email is equivalent to my signature.*

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Signature

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Date

Please be sure to include the following with your application:

- A copy of your license to practice
- A copy of your curriculum vitae
- \$125 application fee. Checks should be made out to Institute for Psychoanalytic Education. Payment may also be made online (see below)
- FOR PSYCHOANALYTIC PROGRAM ONLY: Arrange for transcripts of medical or graduate school and postdoctoral records to be forwarded to PANY, by mail attention Administrative Director, or email to [pany@nyulangone.org](mailto:pany@nyulangone.org)

How to remit your application:

Online for faster processing:

- Email application materials to [pany@nyulangone.org](mailto:pany@nyulangone.org)
- For payment of application fee, go to [www.paypal.com](http://www.paypal.com) and choose the send money option, and enter the email: [pany@nyulangone.org](mailto:pany@nyulangone.org)

If you are unable to scan and email a copy of your license, mail a copy to the address below or fax to 646-754-9540.

By mail:

Psychoanalytic Association of New York  
c/o Institute for Psychoanalytic Education  
NYU Department of Psychiatry  
One Park Avenue, 8<sup>th</sup> Floor  
New York, NY 10016

If you do not receive notification that we have received your application within 2 weeks of submission, please contact the Institute office at 646-754-4870.