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**AMERICAN INSTITUTE FOR PSYCHOANALYSIS**

329 East 62<sup>nd</sup> Street • New York, NY 10065  
(212) 838-8044 • [info@aipnyc.org](mailto:info@aipnyc.org) • [www.aipnyc.org](http://www.aipnyc.org)

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**APPLICATION FOR TRAINING**

I wish to apply for training at the American Institute for Psychoanalysis, and I submit herewith information relevant to this application.

Place an 'X' next to the program you are applying to:

- Certificate Training Program in Psychoanalysis
- Licensure Qualifying Program in Psychoanalysis
- Psychodynamic Psychotherapy Program

Two copies of this form are required and must be accompanied by an application fee of \$50.00.

APPLICATION DEADLINE: June 1<sup>st</sup>

**A. PERSONAL INFORMATION:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

E-mail: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Citizen of the United States: Yes \_\_\_\_\_ No \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Have you ever applied to the American Institute for Psychoanalysis before?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please fill in date: \_\_\_\_\_

How did you hear about the Training Programs of the American Institute for Psychoanalysis?

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**B. UNDERGRADUATE EDUCATION**

_____ INSTITUTION	_____ DATES	_____ DEGREE
_____ INSTITUTION	_____ DATES	_____ DEGREE

**C. PROFESSIONAL EDUCATION (MD, PhD, PsyD, MSW, RN-MS)**

_____ INSTITUTION	_____ DATES	_____ DEGREE
_____ INSTITUTION	_____ DATES	_____ DEGREE
_____ INSTITUTION	_____ DATES	_____ DEGREE
_____ INSTITUTION	_____ DATES	_____ DEGREE

**D. PROFESSIONAL EXPERIENCE:**

Beginning with the current year, list your professional experience during the past five (5) years. Please be certain to include the name and address of each of your employers.

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

5) \_\_\_\_\_

**Licensure Qualifying Program Applicants SKIP sections E through G and go to Section H.**

**E. FIELD PLACEMENTS:**

Please, state the month and year in which you began and ended each field placement.

**(1) Name of Institution** \_\_\_\_\_

Address \_\_\_\_\_

Starting Date \_\_\_\_\_ Ending Date \_\_\_\_\_ No. of Hours \_\_\_\_\_

*Name(s) of your direct supervisor(s) & number of supervision hours per month:*  
\_\_\_\_\_  
\_\_\_\_\_

**(2) Name of Institution** \_\_\_\_\_

Address \_\_\_\_\_

Starting Date \_\_\_\_\_ Ending Date \_\_\_\_\_ No. of Hours \_\_\_\_\_

*Name(s) of your direct supervisor(s) & number of supervision hours per month:*  
\_\_\_\_\_  
\_\_\_\_\_

**(3) Name of Institution** \_\_\_\_\_

Address \_\_\_\_\_

Starting Date \_\_\_\_\_ Ending Date \_\_\_\_\_ No. of Hours \_\_\_\_\_

*Name(s) of your direct supervisor(s) & number of supervision hours per month:*  
\_\_\_\_\_  
\_\_\_\_\_

**(4) Name of Institution** \_\_\_\_\_

Address \_\_\_\_\_

Starting Date \_\_\_\_\_ Ending Date \_\_\_\_\_ No. of Hours \_\_\_\_\_

*Name(s) of your direct supervisor(s) & number of supervision hours per month:*  
\_\_\_\_\_  
\_\_\_\_\_

**F. PRIVATE PRACTICE:**

Are you engaged in private practice? Yes \_\_\_\_\_ No \_\_\_\_\_

If **yes**, when did you begin your private practice? \_\_\_\_\_

Approximately how many hours a week do you spend in private practice? \_\_\_\_\_

Is your work supervised? Yes \_\_\_\_\_ No \_\_\_\_\_

**G. SUPERVISION:**

List names, addresses and telephone numbers of your supervisors and the dates during which they supervised your work:

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**H. PERSONAL TREATMENT HISTORY:**

Are you currently in personal psychoanalysis or psychotherapy? Yes \_\_\_\_\_ No \_\_\_\_\_

IF **Yes**, when did you begin? (month and year) \_\_\_\_\_

Name of your analyst /therapist \_\_\_\_\_ hours per week \_\_\_\_\_

With what school/institute is your analyst (therapist) affiliated?

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**List all previous analysts (therapists), affiliations, dates and frequency:**

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**I. REFERENCES:**

List the names and addresses of two of your most recent supervisors and one other person with whom you have worked, who are willing to sponsor this application. **You are responsible to ask them to write to us directly regarding your professional ability and integrity.** Please do not send a letter of reference from a psychoanalyst or psychotherapist with whom you were in treatment.

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

**J. PROFESSIONAL CONDUCT:**

Please answer all of the following questions:

Are there any judgements or settlements of malpractice against you? Yes\_\_\_\_\_ No\_\_\_\_\_

Are there any pending malpractice actions? Yes\_\_\_\_\_ No \_\_\_\_\_

Have there ever been, or are there now, any findings of professional misconduct against you?  
Yes\_\_\_\_\_ No\_\_\_\_\_

Has disciplinary action of any sort ever been taken against you by a supervisor, educational or training institution, health care institution, professional association, or licensing certification board?  
Yes\_\_\_\_\_ No\_\_\_\_\_

*If the answer to any of the above questions is yes, please provide details on a separate page.*

**K. PERSONAL STATEMENT:**

Write a statement as to how you became interested in pursuing postgraduate training. Why are you seeking training at this institute? Briefly discuss your orientation in treating patients.

(Alternative essay) Could you briefly tell us what you feel we should know about you so that we can best evaluate your application for postgraduate training.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

## **APPLICATION PROCEDURE**

1. Please include a copy of your license or certificate to practice. If you have no license or certificate, include an explanation and a copy of your professional diploma.
2. In order to obtain further details regarding the Certificate Training Program in Psychoanalysis and the Licensure Qualifying Program in Psychoanalysis, please contact **Dr. Kenneth Winarick**, Director of Academic Affairs, at **917-369-1721**.

In order to obtain further details regarding the Psychodynamic Psychotherapy Program, please contact the program Director, **Dr. Michele A. Muñoz** at **212-683-8440**.

3. Please enclose your application fee of \$50.00.
4. Once we receive your completed application, you will receive the names of the faculty members with whom to arrange interviews.

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To the Registrar:

I hereby authorize the American Institute for Psychoanalysis (AIP) to provide copies of my application, letters of reference, license and registration which are obtained as part of the application process to the Karen Horney Clinic or any other clinical facility which requires them as part of my work related to my training at the AIP. Should I join an AIP training program, I also authorize the release of copies of supervisors' and instructors' reports to clinical facilities that I utilize as part of my clinical experience.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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