



Name _____			() _____ Home Phone	() _____ Office Phone
Address _____			E-mail Address _____	
City _____ State _____ Zip _____			Date of Birth _____	
Licensing (Indicate for which state and discipline and provide license number) _____				

Education

Please have undergraduate and graduate transcripts sent to the chairperson of admissions.

Undergraduate College _____	Graduate School _____
Year Graduated _____ Major _____	Year Graduated _____ Major _____

Previous Institute Experience and/or Seminars

Professional Experience (List current experience first)

Treatment

Name of therapist/analyst _____

Address _____

Dates in treatment _____

Sessions per week _____

Therapist's affiliation and professional background
(Indicate training institute)

Treatment

Name of therapist/analyst _____

Address _____

Dates in treatment _____

Sessions per week _____

Therapist's affiliation and professional background
(Indicate training institute)

Please have three letters of recommendation sent to the chairperson of the admissions committee, from people who are in a position to evaluate your suitability to pursue this program. At least one letter must be from a current supervisor or employer.

Name _____

Address _____

Telephone () _____

City _____ State _____ Zip _____

In what capacity has reference known you and for how long?

Name _____

Address _____

Telephone () _____

City _____ State _____ Zip _____

In what capacity has reference known you and for how long?

Name _____

Address _____

Telephone () _____

City _____ State _____ Zip _____

In what capacity has reference known you and for how long?

Please enclose a non-refundable application fee of \$50 with this application form and return to the address below.

Undergraduate and graduate transcripts and three letters of recommendation should also be sent to:

**Chairperson
Admissions Committee
Training and Research Institute
for Self Psychology
17 East 96th Street, Suite #1A
New York, NY 10128**