The New Jersey Institute for Training in Psychoanalysis Inc.

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REGISTRATION FACT SHEET

TO ALL CANDIDATES: PLEASE ANSWER ALL QUESTIONS AND RETURN WITH REGISTRATION

NAME ____ HIGHEST DEGREE ______________________

YEAR OF CANDIDACY: __________

PLACE OF EMPLOYMENT: ____

POSITION AND DUTIES: ____

PERSONAL ANALYST: ____ # SESSIONS/WEEK ______

IF IN PERSONAL ANALYSIS 3 OR MORE SESSIONS/WEEK, DATE BEGAN: _______________

NUMBER OF SESSIONS TO DATE: _____________

PSYCHOANALYTIC CLINIC AFFILIATION: YES ( ) NO ( )

IF NO, WHEN ARE YOU PLANNING TO AFFILIATE? ____

CURRENT CONTROL ANALYST: ____ DATE BEGAN __________

PREVIOUS CONTROLS:

(1) ____

(2) ____

(3) ____

IF CURRENTLY IN AN EXTERNSHIP/INTERNSHIP PROGRAM, GIVE NAME OF AGENCY,

TYPES OF PATIENTS SEEN, NUMBER OF HOURS/WEEK, ETC.: ____

____

FOR THOSE IN AN EXTERNSHIP/INTERNSHIP, NAME OF PSYCHOANALYTIC SUPERVISOR:

____ DATE BEGAN ____________________

FOR THOSE IN CONTROL, HOW MANY PATIENTS ARE YOU SEEING PER WEEK? ___________

HOW MANY 3 SESSION PER WEEK PATIENTS? __________

WHAT TERM PAPERS ARE OUTSTANDING

DATE ______________________ SIGNATURE