



The CLINIC at NJI

affordable and caring mental health treatment

NEW JERSEY INSTITUTE
FOR TRAINING IN PSYCHOANALYSIS
121 Cedar Lane, Suite 3A
Teaneck, NJ 07666

Clinic Affiliate Information Form

Name: _____

Address: _____ Discipline _____

City : _____ State: _____ Zip: _____

Day phone: _____ Evening phone: _____

e-mail: _____

Congratulations on your clinic affiliation. We are happy to have you join us. There is a one-time \$75 administrative fee due upon affiliation.

All Affiliates are asked to sign-in and out on the white sign-in sheet on top of the black file cabinet. Clinic Payment forms are also by the sign-in-and-out sheets.

Affiliate fee schedule is in place. You will be paid your portion once a month at the beginning of each month. Patient payment and sessions forms may be placed in an envelope and dropped in the wooden mailbox on the inside of the Exit door *after each session*. It is your responsibility to begin and end on time to allow the next person using the room to start their session on time. Patient checks are made out to: **The Clinic of NJI or PA Clinic.**

Supervision is required. Affiliates who see clinic patients must remain in supervision with an approved supervisor until analyst certification is attained. Affiliates must also be in their own analysis. A valid license is required for your profession, which we will need for our files.

Affiliates are expected to retain their clients until they graduate from the program. Fees should be negotiated by the affiliate to be sustainable and a \$20 minimum is to be asked from patients for session fees.

All room reservations must be booked through the Appointments Plus online room booking service. This service will be \$16.00 per year. You will receive instructions on how to use this booking system. You are responsible for your appointments reserved on Appointments Plus. Each patient should have a booked time slot under your name. *Please remove any appointments that are cancelled/changed.* If a room is reserved in your name and there is no one there at the time, you will be charged a \$12 fee regardless of who the patient is. If an appointment is cancelled less than 24 hours, the patient is responsible for the fee. We all rely upon each other for the room schedules to be accurate.

If you are the last person to sign-out on the sign out sheet, you are responsible for checking that all lights and noise machines are turned off, and to make sure all windows and outside doors are closed and locked.

Please provide us with a copy of your insurance with the Clinic of NJI listed as either “an Additional insured or Ryder.” We also ask for a copy of your NJ license for our file.

I agree to the above terms.

SIGNATURE: _____ Date: _____