



The New Jersey Institute for Training in Psychoanalysis

121 Cedar Lane #3a, Teaneck, NJ 07666

201-836-1065

info@njinstitute.com

Application for Admission

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (H); _____ Phone (C): _____

Email: _____

Advanced Degree/License: _____

Prior Psychoanalytic Training: _____

Program to which you are seeking admission to (please select one):

Introduction to Psychoanalysis: _____

Advanced Psychoanalytic Program: _____

Psychotherapy of Children and Adolescents: _____

Current employment: _____

Clinical experience (setting, type, title, population, number of hours per week):

Personal analysis history (frequency, duration): _____

Are you in supervision? (type, frequency): _____

Professional reference: _____

Personal reference: _____

Please briefly described your interest in psychoanalytic training: _____

Any other information you think might be relevant? : _____

A \$50.00 application fee must accompany this application. Please mail your application to:

The New Jersey Institute for Training in Psychoanalysis
121 Cedar Lane, Suite - 3A, Teaneck, NJ 07666

Upon receipt of your application you will be contacted for an interview by a member of the admissions committee