



**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):

\_\_\_\_\_

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Personal analysis history (frequency, duration): \_\_\_\_\_

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Are you in supervision? (type, frequency): \_\_\_\_\_

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Professional reference: \_\_\_\_\_

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Personal reference: \_\_\_\_\_

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Please briefly described your interest in psychoanalytic training: \_\_\_\_\_

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Any other information you think might be relevant? : \_\_\_\_\_

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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