



**The Institute for Psychoanalytic Training and Research Inc.**

140 West 97th Street New York, NY 10025  
212 427-7070 Phone 212 222-7200 Fax  
iptar.org

**APPLICATION FOR ADMISSION**

Choose One:

- Introductory Year (Respecialization)
- Full Analytic Training Program

DATE \_\_\_\_\_

NAME (print) \_\_\_\_\_

ADDRESS HOME \_\_\_\_\_

BUSINESS \_\_\_\_\_

TELEPHONE: HOME \_\_\_\_\_ BUSINESS \_\_\_\_\_ MOBILE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ FAX # \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

CURRENT OCCUPATION \_\_\_\_\_

BIRTH: PLACE \_\_\_\_\_ DATE \_\_\_\_\_

MARTIAL STATUS \_\_\_\_\_ CITIZENSHIP \_\_\_\_\_

IF YOU ARE IN THE U.S. ON A VISA, WHICH VISA? \_\_\_\_\_

WHO ISSUED THE VISA? \_\_\_\_\_

*Transcripts should be directed promptly to Admission Chairperson*

INSTITUTION	NAME OF COURSES	CREDITS	DATES

**PERSONAL TREATMENT**

*Name, Address, Phone number, and Affiliation of Therapist*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DATES OF TREATMENT**                      **NO. OF SESSIONS/WEEK**                      **TOTAL SESSIONS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EXPERIENCE AS A PSYCHOTHERAPIST IN A CLINICAL SETTING**

**INSTITUTION**

**NAME OF SUPERVISOR**

**DATES**

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**PRIVATE TRAINING AS A PSYCHOTHERAPIST IN PRIVATE PRACTICE**

**NAME OF SUPERVISOR**

**FREQUENCY OF SUPERVISION**

**DATES**

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**REFERENCES**

*Please list two individuals who are in a position to evaluate your professional work; have each one send a letter to the Admissions chairperson.*

**NAME**

**ADDRESS**

**NATURE AND DATE OF  
PROFESSIONAL RELATIONSHIP**

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*A Registration fee of Fifty Dollars, payable to IPTAR should accompany this form and be mailed to:*

IPTAR  
140 West 97th Street  
New York, NY 10025

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please submit a personal essay. In it, include your understand of why you wish to enter the field of psychoanalysis; how you feel the IPTAR Training Program can meet your career goals, etc.