

NEW ORLEANS PSYCHOANALYTIC INSTITUTE
APPLICATION
CHILD AND ADOLESCENT PSYCHOANALYTIC TRAINING PROGRAM

Name _____ Date _____

Address _____

_____ ZIP _____

Telephone: Home _____ Office _____

Status in the Institute _____

(Faculty, Graduate, Candidate [class year next September])

Number of years completed _____ (in child analysis program)

Did you complete training in child psychiatry? _____

Are you currently in a child psychiatry training program? _____

Does your practice include children and adolescents? _____

If yes, how many cases do you ordinarily treat per week?

Children _____ Adolescents _____

Do you do consultation work with: Children _____ Adolescents _____

Who is supervisor of your first adult case? _____

Who is supervisor of your second adult case? _____

How many adult cases are you currently analyzing? _____

Have you started analytic treatment of a:

Child (age & sex) _____ Adolescent (age & sex) _____

If **yes**, who are your supervisors? a) Child case _____

b) Adolescent Case _____

Number of hours supervision (to date) on a) _____ b) _____ c) _____

If you are currently in analysis, who is your analyst? _____

Have you had your mid-training colloquium? _____

Please mail the completed application to:

The New Orleans Psychoanalytic Institute
3624 Coliseum St.
New Orleans, LA 70115

If you have any questions, please contact us by phone (504) 899-5819, by fax (504) 899-5886 or via e-mail info@nopsya.org