

APPLICATION FORM

STUDIES IN PSYCHOANALYTIC PSYCHOTHERAPY

Questions concerning Studies in Psychoanalytic Psychotherapy and the application procedure can be directed to the New Orleans Psychoanalytic Institute at (504) 899-5815 (voice) or 899-5886 (fax). E-mail can be sent to info@nopsya.org, and the Institute's web address is www.nopsya.org. We suggest early application since suitable applicants will be accepted on a first-come, first-served basis, and class size will be limited.

Please use additional pages if needed to complete your answers.

SECTION I

Name _____ Degree _____

Office address _____

City _____ State _____ Zip _____

Home address _____

City _____ State _____ Zip _____

Office phone (_____) _____ Home phone (_____) _____

SECTION II - EDUCATION AND TRAINING

Include school, location, date of graduation or completion, and degree.

Undergraduate _____

Graduate or medical school _____

Residency program _____

Fellowship program _____

Post-doctoral training _____

Present licensure and certification (please include a copy of each) _____

Malpractice insurance (please include a copy) _____

SECTION III - PROFESSIONAL ACTIVITIES FOLLOWING TRAINING

List past and present activities of a clinical, research or teaching nature. _____

In what classes, seminars and further educational experiences have you participated? _____

Describe your experiences of supervision, with whom and when. _____

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