



**METROPOLITAN INSTITUTE FOR TRAINING IN
PSYCHOANALYTIC PSYCHOTHERAPY**
160 West 86th Street, New York, NY 10024
Phone: (212) 496-2858
Email: mitppnyc@aol.com Website: www.MITPP.org
on Facebook, Twitter and LinkedIn

MITPP APPLICATION FOR TRAINING

PLEASE TYPE OR PRINT CLEARLY

Date _____

Name _____ Sex M ___ F ___

Address _____

Home Telephone _____ Work Telephone _____ Cell _____

Email _____ Fax _____

Discipline (e.g. social work, psychology, etc.) _____

Graduate Degree _____ Year Obtained _____

School _____

Undergraduate Degree _____ Year Obtained _____

School _____

N.Y. State Certification or License No. _____

Please check one (requirements for all programs include supervision and personal therapy, with the exception of non-matriculated coursework):

_____ Full-time Adult Program (3 courses per semester and 8 Clinical hours per week)

_____ Part-time Adult Program (1 or 2 courses per semester, 5 Clinical hours per week)

_____ Full-time Adult Program: LCSW Track (1, 2, or 3 courses per semester and 14 or more Clinical hours weekly)

_____ Part-time Adult Program: LCSW Track (1 or 2 courses per semester and 10 Clinical hours weekly)

_____ Full-time Adult Program: Psychoanalytic Licensure (8 Clinical hours per week)

_____ Part-time Adult Program: Psychoanalytic Licensure (1 or 2 courses per semester, 5 Clinical hours per week)

_____ Non-matriculated coursework: Adult Program (coursework only)

_____ Clinical Training in Child & Adolescent Psychotherapy (2 courses per semester, 5 Clinical hours weekly)

_____ Clinical Training in Child & Adolescent Psychotherapy LCSW Track (2 courses per semester, 10 Clinical hours weekly for two years followed by individual and group supervision and a minimum of one course per semester in the Adult Program and 10 clinical hours weekly until the hours for the LCSW have been accrued.)

_____ Non-matriculated coursework: Child & Adolescent Program

(coursework only) Please check one:

I am applying for the Fall semester _____ Year _____

Spring semester _____ Year _____

Current Employment:

Position _____

Name of Employer _____

Address _____

Personal Psychotherapy/Psychoanalysis: (List current or most recent therapy)

Name of Therapist/Analyst _____

Therapist's Affiliation(s) if known _____

Dates of Treatment: from _____ to _____

Frequency of Sessions _____

Please list all previous personal therapy/analysis:

Name of Therapist/Analyst _____

Therapist's Affiliation(s) if known _____

Dates of Treatment: from _____ to _____

Frequency of Sessions _____

Name of Therapist/Analyst _____

Therapist's Affiliation(s) if known: _____

Dates of Treatment: from _____ to _____

Frequency of Sessions _____

How did you learn about MITPP? _____

Please include:

- o MITPP Application for Training.
- o \$50.00 non-refundable application fee.
- o An up-to-date curriculum vita (resume).

Send to:

Joyce A. Lerner, L.C.S.W., Director
MITPP
160 West 86th Street
New York, New York 10024

NOTE: Two letters of reference on letterhead from current or former supervisors, teachers, administrators or other such professionals who have overseen your work must be forwarded to MITPP by the writer on your behalf.