

**INSTITUTE FOR CONTEMPORARY PSYCHOTHERAPY**  
**1841 Broadway – 4<sup>th</sup> floor**  
**New York, NY 10023**  
**(212) 333-3444**

Dear Colleague,

Thank you for your interest in our Two-Year and Four-Year Training Programs. Please note the following:

**APPLICATION COMPONENTS:**

- A. A completed application form with a \$75 application fee.
- B. A *current* resume.
- C. A personal statement (*only for Four Year Program applicants*)
- D. Three letters of reference from people familiar with your clinical work, based on the enclosed Letter of Reference forms, which are to be sent to each reference.
- E. Official graduate-school transcripts.
- F. A form filled out by the applicant's therapist, indicating her/his credentials. Students' therapists must be approved by the Training Committee; therapists are accepted if they are graduates of recognized training programs in psychoanalysis, and graduated 5 or more years ago. (*See pp. 6 & 7 of application packet*)

**Completed applications, with a current resume, should be returned by June 1st, with a \$75 application fee for consideration for Fall 2017.**

If you wish further information please contact Shaneka Wynter, MPA, the Program Manager at (212) 333-3444, or email [Fouryeartrainingpgm@icpnyc.org](mailto:Fouryeartrainingpgm@icpnyc.org) or [Twoyeartrainingpgm@icpnyc.org](mailto:Twoyeartrainingpgm@icpnyc.org)

Sincerely,

Holly Levenkron, LICSW  
Director, Four Year Training Program

Irna Gadd, LCSW  
Rebecca Wertkin, LCSW  
Co-Directors, Two-Year Training Program

**2017 ICP OPEN HOUSES**  
**Friday, March 10, 7:00 to 9:00 pm**  
**Sunday, April 30, Noon – 2 pm**  
TWO and FOUR Year Training Programs

Please RSVP to [Fouryeartrainingpgm@icpnyc.org](mailto:Fouryeartrainingpgm@icpnyc.org)

The Institute for Contemporary Psychotherapy provides training without regard to race, color, religion, sex, national origin, age, disability, marital status, sexual orientation, gender expression, gender identity or any other classification protected under applicable federal, state and local law.

**Institute for Contemporary Psychotherapy**  
1841 Broadway, New York, N.Y. 10023-7603  
(212) 333-3444 Fax: (212) 333-5444  
Email: [Fouryeartrainingpgm@icpnyc.org](mailto:Fouryeartrainingpgm@icpnyc.org)  
[Twoveartrainingpgm@icpnyc.org](mailto:Twoveartrainingpgm@icpnyc.org)

Please select which program you are applying to:

- TWO-YEAR** TRAINING PROGRAM in Contemporary Psychodynamic Psychotherapy
- FOUR-YEAR** TRAINING PROGRAM in Psychoanalysis and Psychoanalytic Psychotherapy

**Name** \_\_\_\_\_ **D.O.B** \_\_\_/\_\_\_/\_\_\_

**Address** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

\_\_\_\_\_ **Work** \_\_\_\_\_

**Email:** \_\_\_\_\_

**EDUCATIONAL RECORD**

(Please have official transcripts sent by all **graduate** schools)

School	Dates Attended	Major Degree	Date Graduated

**N.Y.S. License or certificate number** \_\_\_\_\_

**Credentials: LMSW, LCSW, MHC, CASAC, PhD, PsyD** other: \_\_\_\_\_

**Are you eligible for insurance reimbursement?** \_\_\_\_\_

**POSTGRADUATE TRAINING** (List courses and training programs – use extra sheet if necessary)

\_\_\_\_\_

\_\_\_\_\_

**PERSONAL PSYCHOTHERAPY** (List most recent first)

Name of Therapist \_\_\_\_\_ Dates \_\_\_\_\_ Hrs/Wk \_\_\_\_\_

Name of Therapist \_\_\_\_\_ Dates \_\_\_\_\_ Hrs/Wk \_\_\_\_\_

**REFERENCES:**

List the names and titles of three people who are familiar with your clinical experience. Please ask these them to send a letter of recommendation, using the form at the end of this packet.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**PROFESSIONAL AFFILIATIONS**

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**NOTE TO *FOUR-YEAR ANALYTIC TRAINING* APPLICANTS:**

Please indicate which training track you are applying to:

- Regular track (caseload: minimum of 6 ICP patients)
- Combination track (caseload: 3 ICP /3 private practice patients)

**ASSIGNMENT AVAILABILITY FOR ICP PATIENTS:**

Which days and hours are you available to see patients? List days of the week and available hours for each day. Give as many choices as you can.

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Will you be using:

private office

ICP office

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

**MEMORANDUM**

Please tell us how you heard about our training program(s).

*NOTE: If there was more than one source, please number in order of importance.*

**Analyst / therapist** \_\_\_\_\_

**Co- worker** \_\_\_\_\_

**ICP faculty member** \_\_\_\_\_

**Friend** \_\_\_\_\_

**ICP graduate or current candidate** \_\_\_\_\_

**Mailing** \_\_\_\_\_

**Open-House brochure** \_\_\_\_\_

**Supervisor** \_\_\_\_\_

**Website** \_\_\_\_\_

**Other (please specify)** \_\_\_\_\_

**Institute for Contemporary Psychotherapy**  
**1841 Broadway – 4<sup>th</sup> floor**  
**New York, NY 10023**  
**212-333-3444 (fax) 212-333-5444**  
**Email: Fouryeartrainingpgm@icpnyc.org**  
**Twoyeartrainingpgm@icpnyc.org**

To Whom It May Concern:

\_\_\_\_\_ has applied for admission to (a) the Four Year Training Program in Psychoanalysis and Psychotherapy **or** (b) Two Year Training Program in Psychodynamic Psychotherapy

One of the requirements for admission to both our training programs is that the applicant's **current** therapist be approved by our Training Committee. As part of the screening process, we need to have some information about your training and experience. Therapists are accepted if they are graduates of recognized training programs in psychoanalysis, *and* graduated 5 or more years ago.

Would you please fill out the enclosed form and return it as soon as possible to the attention of *Shaneka Wynter, Program Manager, at the above address.*

Thank you for your time and cooperation.

Sincerely,

Shaneka Wynter, MPA  
Program Manager

*Institute for Contemporary Psychotherapy*  
1841 Broadway – 4<sup>th</sup> Floor  
New York, New York 10023  
(212) 333-3444

**Therapist Information Form**

NAME OF PROSPECTIVE STUDENT \_\_\_\_\_

DATES OF TREATMENT \_\_\_\_\_ FREQUENCY \_\_\_\_\_

NAME OF ANALYST \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHONE \_\_\_\_\_

Email \_\_\_\_\_

ANALYST'S DEGREE \_\_\_\_\_ AREA OF STUDY \_\_\_\_\_

INSTITUTE (Please give complete name and address)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CERTIFIED IN \_\_\_\_\_

YEARS ATTENDED \_\_\_\_\_ YEAR OF CERTIFICATE \_\_\_\_\_

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

Please return to S. Wynter, ICP, 1841 Broadway, 4<sup>th</sup> Floor., New York, NY 10023

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**2017 LETTER OF REFERENCE**

APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

The person named above has applied for admission to our post-graduate program, which offers training in Psychodynamic Psychotherapy, and your name was given as a reference. Your assistance in acquainting us with this applicant would be most helpful.

Since advanced practice in psychotherapy involves serious responsibilities for human beings in need of various kinds of services, applicants should possess certain essential qualities, such as sincere interest in people, good intelligence, emotional stability, maturity, and good physical health.

Perceptive letters of recommendation are difficult to write and even more difficult to evaluate. Many of the letters we receive are not particularly helpful since they merely praise the applicant and predict future success. *What we need from you is an emphasis on the unique qualities of this applicant.*

May we have your candid opinion of the applicant's fitness for advanced professional service? Please include in your letter the length and circumstances of your acquaintance with the applicant and your evaluation in the following areas:

- a) How did the applicant function with respect to accepting and carrying out job responsibilities?
- b) What are the applicant's strengths and limitations?
- c) Indicate what unique qualities you feel the applicant possesses that may be assets in the applicant's pursuit of advanced training.
- d) What relevant information can you share with us about the applicant that is not likely to be available from other sources?

You can appreciate that a candid reply will help us in our selection process and that a prompt response would be a distinctive favor to the applicant and to us.

Sincerely,

Shaneka Wynter, MPA  
Program Manager

**PLEASE MAIL REFERENCE TO:**

**Shaneka Wynter, MPA  
ICP  
1841 Broadway 4<sup>th</sup> floor  
New York, NY 10023**