

INSTITUTE FOR CONTEMPORARY PSYCHOTHERAPY
33 W 60th Street – 4th floor
New York, NY 10023
(212) 333-3444

Dear Colleague,

Thank you for your interest in our Two-Year Psychodynamic Psychotherapy training program. Here is all the information about the application process.

For the application to be completed, please provide:

- A. A completed application form with a \$75 application fee.
<https://icpnyc.org/applicationfee/>
- B. A *current* resume.
- C. Three letters of reference from people familiar with your *clinical* work, based on the enclosed Letter of Reference forms. Please send one form to each reference.
- D. Your official graduate-school transcript.
- E. A form filled out by your therapist, if you are in therapy currently, indicating her/his/their credentials. Your therapist must be approved by the Training Committee; to be approved, your therapist must be a graduate of a recognized training program in psychoanalysis, and must have graduated 5 or more years ago. (*See pp.4 & 5, below*)

Once we have your completed application and *at least two* of your references, we can schedule your interviews. Please complete and return your application as early as possible. Deadline is June 7th, 2021.

If you wish further information please contact Molly Potel, the Program Manager at (212) 333-3444 x105, or email Twoyeartrainingpgm@icpnyc.org

Sincerely,

Irna Gadd, LCSW
Director, Two- Year Training Program

Institute for Contemporary Psychotherapy
33 W 60th Street, New York, N.Y. 10023
Phone: (212) 333-3444 Fax: (212) 333-5444
Email: Twoyeartrainingpgm@icpnyc.org

Application to the Training Program in Psychodynamic Psychotherapy

Name _____ D.O.B. ____ / ____ / ____

Address _____ Cell Phone _____

_____ Work _____

Email: _____

Applicant's preferred pronouns: _____

Applicant's preferred name (if different from above): _____

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 (Most recent first- use additional sheet if needed)

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 each to send a letter of recommendation, using the form at the end of this packet.

1. _____
2. _____
3. _____

PROFESSIONAL AFFILIATIONS

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, if you know now.

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 _____

Friend _____

ICP faculty member _____

ICP graduate or current candidate _____

Mailing _____

Open-House brochure _____

Supervisor _____

Website _____

Other (please specify) _____

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To Whom It May Concern:

_____ has applied for admission to the 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 *Safia Albaiti, Program Manager, at the above address.*

Thank you for your time and cooperation.

Sincerely,

Safia Albaiti
Program Manager

Institute for Contemporary Psychotherapy
33 W 60th Street – 4th 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 FROM WHICH YOU GRADUATED (Please give complete name and address)

CERTIFIED IN _____

YEARS ATTENDED _____ YEAR OF CERTIFICATE _____

Signature _____ *Date* _____

Please return to S. Albaiti, ICP, at twoyeartrainingpgm@icpnyc.org

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2021 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,

Safia Albaiti
Program Manager

PLEASE MAIL REFERENCE TO:

Safia Albaiti
twoveartrainingpgm@icpnyc.org