

**Two-Year Training Program
in the Integrated Treatment
of Eating Disorders**

APPLICATION

Center for the Study of Anorexia and Bulimia

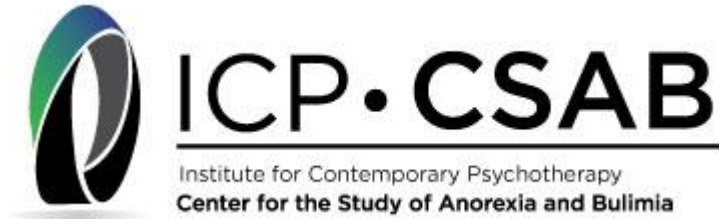
A Division of the Institute for Contemporary Psychotherapy

1841 Broadway on 60th St, 4th Fl., New York, NY 10023

www.icpnyc.org/csab csab@icpnyc.org

212-333-3444

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.



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Dear Colleague,

The Center for the Study of Anorexia and Bulimia, a division of the Institute for Contemporary Psychotherapy, is currently accepting applications for our **Two Year Training Program in the Theory and Treatment of Eating Disorders**. Eligible applicants must have a graduate mental health degree and malpractice insurance, and have conducted psychotherapy in the past or is currently conducting psychotherapy.

If you would like to apply, please complete the attached forms and return them with a \$75.00 application fee. Please arrange to have two letters of reference mailed to us. Once your application has been received, it will be reviewed by members of the CSAB Training Committee. Eligible applicants will be contacted to schedule an interview with a CSAB supervisor or faculty member.

We look forward to hearing from you!

Sincerely,

Ellie Rogowski
CSAB Program Manager

Specialty Training Program in the Psychotherapy of Eating Disorders

The Center for the Study of Anorexia and Bulimia (CSAB), a division of the Institute for Contemporary Psychotherapy (a non-profit organization) is dedicated to providing meaningful help to those suffering from eating disorders. CSAB was established in 1979 to meet three objectives: effective treatment, specialized training, and increased community awareness. As part of our commitment to training, we have developed this comprehensive program that combines didactic and clinical seminars, supervision, and guest lectures.

This program is based upon the conviction that eating disorders represent maladaptive efforts to resolve profound psychological conflicts or deficits. Eating disorders are multidimensional problems that include intrapsychic, interpersonal, physiological, and sociocultural aspects. It is our philosophy that effective treatment must be responsive to all of these components as they are expressed in each case.

Heavy emphasis is placed upon expanding the therapist's theoretical and technical expertise. Knowledge of biological, medical, and sociological factors is also stressed. The goal of the program is to enable the therapist to create a therapeutic environment, which will lead to symptom relief and the resumption of the patient's psychological and physiological development.

- The program is open to a limited number of qualified mental health professionals who wish to expand their training in the treatment of eating disorders. A personal interview, as well as two references from previous supervisors is required.
- A certificate will be awarded upon successful completion of the program
- Classes and supervision are scheduled from 5:30 – 9:00pm every Monday, from September through June.
- One weekly session of individual supervision is also required for 44 weeks per year.
- One weekly session of personal psychotherapy is required for all candidates throughout the duration of the program.
- A minimum of 120 clinical hours is required to complete the program.
- Trainees are required to offer three hours per week during which they are available to see clinic clients. One hour must be either in the evening after 5:00pm or on Saturday.
- Trainees may also use private clients to fulfill the requirements of the training program pending approval from the Director of Training and the individual supervisor.
- Throughout the program, trainees are required to participate in group supervision one hour per week through July.
- An application fee of \$75.00 is required; please enclose with completed application.
- Tuition is \$3,200.00 per year, which includes course curriculum, library use, group supervision, and membership in the Society for the Institute for Contemporary Psychotherapy.

CENTER FOR THE STUDY OF ANOREXIA AND BULIMIA
1841 Broadway, 4th floor
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APPLICATION FOR SPECIALTY TRAINING PROGRAM IN THE INTEGRATED TREATMENT OF EATING DISORDERS
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Questions about this application? Contact Ellie Rogowski, Program Manager:
 csab@icpnyc.org or 212-333-3444 x 107

Name: _____ Date of Birth / /

E-mail Address: _____

Social Security Number: _____ Application Date: _____

Address (Home): _____ Phone: _____

Address (Office): _____ Phone: _____

How did you hear about our program? _____

Education Record

School	Dates	Major	Degree	Date Graduated

Postgraduate Training

Institution	Courses

New York State License/Certificate Number: _____

Psychotherapy Practice

Are you currently in private practice? Yes No

Are you currently working in an agency? Yes No If yes,
Name _____

If yes, when did you begin?

Approximate hours per week:
Individual _____ **Group** _____ **Other** _____

Is your work supervised? Yes No Yes, in the past

**Please indicate the names of supervisors and dates of supervision for your
psychotherapy experience:**

Name: _____ **From:** _____ **to** _____

Name: _____ **From:** _____ **to** _____

Name: _____ **From:** _____ **to** _____

**Please describe the work you do in your psychotherapy practice, including
information on the nature of your patients (e.g., age range, diagnostic categories),
the duration of treatment, and your work's general orientation.**

Total number of hours worked in psychotherapy:
Individual _____ **Group** _____

Personal Psychotherapy

Please list your most recent therapist first:

Therapist _____ Dates: _____ Hrs\Wk: _____

Therapist _____ Dates: _____ Hrs\Wk: _____

Therapist _____ Dates: _____ Hrs\Wk: _____

Professional Affiliations

1. _____

2. _____

3. _____

4. _____

References

Please list the names, addresses, and titles of two supervisors familiar with your clinical work, and request that each send us a letter of recommendation.

1. _____

2. _____

Please tell us how you learned about our training program? _____

Signature _____ **Date:** _____