

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

CANIDATE APPLICATION

Center for the Study of Anorexia and Bulimia

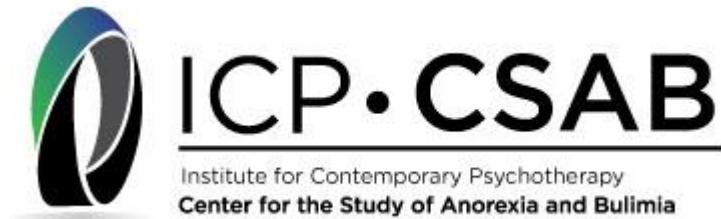
A Division of the Institute for Contemporary Psychotherapy

33 West 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 must have either conducted psychotherapy in the past or be currently conducting psychotherapy.

If you would like to apply, please complete the attached forms and send them, along with two letters of reference to csab@icpnyc.org. Please also complete our \$75.00 application fee, which can be paid at <https://icpnyc.org/applicationfee>. Please include our program name (CSAB) and what the payment is for in the notes section.

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!

Warmly,

Rachel Van Beaver, she/her
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 training program that combines didactic clinical seminars and supervision.

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, 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 ICP clients. One hour must be either in the evening after 5:00pm or on Saturday.
- Trainees may also use a private client to fulfill the requirements of the training program pending approval from the Co-Directors of the program and their individual supervisor.
- Throughout the program, trainees are required to participate in group supervision one hour per week. The cost of group supervision is included in tuition.
- An application fee of \$75.00 is required; please pay when sending completed application.
- Tuition is \$3,425.00 for this academic year, which includes course curriculum and group supervision. Tuition is subject to change per year. Individual supervision is not included in tuition and is \$50 per session. Scholarships and payment plans are available for eligible candidates.

CENTER FOR THE STUDY OF ANOREXIA AND BULIMIA
33 West 60th Street, 4th Floor
New York, NY 10023
(212) 333-3444

**CANDIDATE APPLICATION FOR SPECIALTY TRAINING
IN THE INTEGRATED TREATMENT OF EATING DISORDERS**

Questions about this application? Contact the CSAB Program Manager at
csab@icpnyc.org

Name: _____ Pronouns: _____

Email: _____ Application Date: _____

Address (Home): _____ Phone: _____

Address (Office): _____ Phone: _____

Education Record

School	Start & Graduation Date	Major	Degree

Postgraduate Training

Institution	Courses

New York State License/Certificate Number: _____

If none, check here:

Current Psychotherapy Practice

Are you currently in private practice? Yes No

Are you currently working in an agency? Yes No

If yes, what is the name of your workplace?

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 work 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, etc), the duration of treatment, and your work's general orientation.

Professional Experience
(Attach resume and use this form)

Please report current experience first.

Name of Workplace: _____

Address: _____

Starting Date: _____ Ending Date: _____

Hours per week: _____ Total hours: _____

Name of Supervisor: _____ Total hours: _____

Please describe the nature of your work performed at this workplace (e.g. diagnosis, individual/group therapy, etc.), the volume of patients seen, the nature of the patient population (e.g. adults, children, adolescents, families), the average length of treatment for patients seen in psychotherapy, and the general orientation of your work.

Total number of hours worked in psychotherapy:

Individual:_____ **Group:**_____

Please indicate in the space provided below the reasons for your interest in the treatment of eating disorders, as well as any experience you have had in working with people struggling with anorexia, bulimia, compulsive overeating, or other related issues.

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 and titles of two supervisors familiar with your clinical work and request that each email us a letter of recommendation to csab@icpnyc.org.

1. _____

2. _____

Please tell us, how did you learn about our training program?

Signature: _____ **Date:** _____