

THE WESTERN NEW ENGLAND INSTITUTE FOR PSYCHOANALYSIS

**Office of the Education Committee
255 Bradley Street, New Haven, CT 06510**

The Western New England Institute for Psychoanalysis does not discriminate on the basis of race, color, national or ethnic origin, religion, gender, sexual orientation, age or physical handicap in the administration of its admission or educational policies, scholarship and loan programs, or any other school-administered program.

APPLICATION FOR ENROLLMENT

Name _____ Date of Application _____

Date and place of birth _____

Home Address _____

Office Address _____

Telephone _____ Cell phone _____

Email _____ Pronouns _____

Clinical Licensure _____

Marital Status _____ Previous marriages, if any, and outcome: _____

Children (ages and sex) _____

Other dependents _____

Parents: Ages, if living _____

Ages at time of death _____

Siblings:(age, sex, and present status): _____

List all significant illnesses and operations with dates:

Are you in analysis? _____ Have you ever been in analysis? _____

Are you in psychotherapy? _____ Have you ever been in psychotherapy? _____

Have you ever had any other form of psychiatric treatment? _____ If yes, give names of therapists and dates of treatment: _____

ACADEMIC AND PROFESSIONAL TRAINING: attach your CURRICULUM VITAE.

Undergraduate education: colleges, degrees, and dates

Clinical/Medical Education: enclose TRANSCRIPT of medical and/or Graduate school records.

National and/or State Boards: _____

Medical/Clinical License #: _____ **Date:** _____

General Clinical or Psychiatric Experience: Internships, residencies, hospitals with addresses, dates, names of directors:

Other Postgraduate Scientific Experience (include teaching, research, etc.):

Describe briefly any periods between the time of undergraduate education and the present date which are not covered in the preceding information:

Scientific Publications:

Membership in Medical and other Scientific Societies:

Private Practice (dates and type of practice):

FINANCES:

Present employer: _____

a) Plans for meeting cost of analytic training _____

b) Sources from which you can obtain financial assistance if needed: _____

c) Summarize briefly your present financial condition : _____

d) Where do you plan to live and work during your psychoanalytic training?

WNEIP recognizes that the expense of tuition and other costs related to psychoanalytic training may present a financial hardship. Therefore, WNEIP offers financial resources to defray expenses for tuition and educational events. We encourage any applicants for whom this is relevant to apply by contacting our administrator, Anne Rodems (arodems@wneip.org)

PREVIOUS PSYCHOANALYTIC TRAINING

Have you ever applied for training in psychoanalysis to this or any other Institute? _____

If so, state when, where, and the outcome: _____

INTEREST IN PSYCHOANALYSIS: Describe briefly the origin and development of your interest in psychoanalysis. What do you consider your assets and liabilities in this field? (Please limit to 500 typewritten words or less and attach to this form)

AUTOBIOGRAPHICAL SKETCH (not to exceed 1,000 words – attach to this form)

CERTIFICATE OF PROFESSIONAL LIABILITY INSURANCE (\$1,000,000/\$3,000,000) attach to this form

ETHICS QUESTIONNAIRE: Complete the Ethics Questionnaire on page 5

REFERENCES: Letters from three persons qualified to give information regarding your training, clinical experience, and ability should be forwarded to the Chairman of the Admissions Committee, WNEIP 255 Bradley Street, New Haven, CT 06510.

TRANSFER: If you are applying for transfer from another psychoanalytic institute, please have the authorized director complete the attached sheet at the end of this application and mail it with any training records to the attention of the Chairman of the Education Committee.

Signature: _____ Date: _____

Submit this application and all attachments either by mail to the address below or via email to arodems@wneip.org. Transcripts and letters of recommendation may also be submitted through either of these methods. Please enclose application fee of \$250.00 payable to WNEIP. This fee is non-refundable. If application materials are being submitted electronically you may pay online at <https://westernnewengland.org/product/other-payments/>

Applications will be processed promptly as they are received. Typical period of assessment is 90-120 days.

WNEIP Admissions Committee
255 Bradley Street
New Haven, CT 06510

ETHICS

Check either YES or NO (not N/A) for each question, except #4 which can be answered YES, NO, or N/A. If the answer to any question is YES, please explain on a separate sheet, attached to this form.

| | <u>YES</u> | <u>NO</u> | <u>N/A</u> |
|--|------------|-----------|------------|
| 1. Has any professional malpractice claim been made against you (whether or not a lawsuit was filed in relation to the claim)?..... | _____ | _____ | |
| 2. Have you been a defendant in any pending or new criminal proceeding other than a minor traffic offense?..... | _____ | _____ | |
| 3. Are any formal disciplinary charges pending or has any disciplinary action (as defined by your professional Board regulations) been taken against you by any governmental authority, hospital, or other health care facility, or professional association (international, national, state or local)?..... | _____ | _____ | |
| 4. Has your privilege to possess, dispense or prescribe controlled substances been suspended, revoked, denied, restricted, surrendered, or have you been called before or been warned by this state or any other jurisdiction including a federal agency?..... | _____ | _____ | _____ |
| 5. Have you withdrawn an application for a professional license or been denied a professional license for any reason?..... | _____ | _____ | |
| 6. Have you been diagnosed with or do you have a medical condition which limits or impairs your ability to practice your profession?..... | _____ | _____ | |
| 7. Have you engaged in the use of any chemical substances which in any way interfered with your ability to practice your profession?..... | _____ | _____ | |

Signature: _____ Date: _____

