

THE WESTERN NEW ENGLAND INSTITUTE FOR PSYCHOANALYSIS  
Office of the Education Committee  
255 Bradley Street, New Haven, CT 06510

APPLICATION FOR ENROLLMENT  
(please type)

Name \_\_\_\_\_ Date of Application \_\_\_\_\_

Date and place of birth \_\_\_\_\_

Home Address \_\_\_\_\_

Office Address \_\_\_\_\_

Telephone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email \_\_\_\_\_

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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*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.*

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: \_\_\_\_\_

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**ACADEMIC AND PROFESSIONAL TRAINING: attach your CURRICULUM VITAE.**

**Undergraduate education: colleges, degrees, and dates**

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**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:**

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

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

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**Scientific Publications:**

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**Membership in Medical and other Scientific Societies:**

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**Private Practice (dates and type of practice):**

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**FINANCES:**

Present employer: \_\_\_\_\_

a) Plans for meeting cost of analytic training \_\_\_\_\_

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

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c) Summarize briefly your present financial condition : \_\_\_\_\_

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

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

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(Continue application on next page)

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: \_\_\_\_\_

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**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.

**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 the following page

**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.

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

Please enclose application fee of \$250.00 payable to the W.N.E. Institute for Psychoanalysis. This fee is non-refundable.

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

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