

**APPLICATION FOR ADMISSION - PSYCHIATRISTS**

**Four** copies of this application form are required and must be accompanied by an application fee of \$100. This fee is not refundable, and it cannot be financed under State Scholarship funds. Applications must be submitted on or before February 28, the first round of admissions (*or April 17th for the second round of admissions*) to the Executive Committee, 20 West 74th Street, New York, NY 10023.

**WILLIAM ALANSON WHITE INSTITUTE  
of Psychiatry, Psychoanalysis and Psychology  
20 West 74th Street, New York, NY 10023**

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

Name in Full \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_  
(professional)

Address \_\_\_\_\_ Phone \_\_\_\_\_  
(residence)

**Educational Record:** Include all collegiate, post-graduate, professional and technical education, with names of institutions, dates attended and degrees received. An official transcript of medical school records is required of all applicants.

Type below all professional experience such as hospital internships and residencies: practice in profession, positions held, research work and teaching experience. Give dates: months, years, starting and ending. List supervisors in each area cited, giving their current addresses.

1.)Date	Institution/Address	Position
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Supervisors and Current Address:

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2.)Date	Institution/Address	Position
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Supervisors and Current Address:

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3.)Date	Institution/Address	Position
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Supervisors and Current Address:

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4.)Date	Institution/Address	Position
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Supervisors and Current Address:

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**Personal Psychoanalysis or Psychotherapy:** List present and/or previous analyst(s) or therapists, dates of analysis or therapy, frequency of sessions, school affiliation of analyst or therapist. (We will never communicate with your personal analyst(s) or therapist(s).

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Signature

Careful and through reading and understanding of all requirements is essential.

The William Alanson White Institute admits students of any race, color national or ethnic origin to all the rights, privileges, programs and activities made available to students at the school, and does not discriminate in the administration of its educational policies.

**PLEASE COMPLETE THE FOLLOWING:**

1) Are there any judgements or settlements of malpractice actions against you?

Yes\_\_\_\_No\_\_\_\_\_

2) Are there any pending malpractice actions? Yes\_\_\_\_No\_\_\_\_\_

3) Have there ever been, or are there now, any findings of professional misconduct against you?  
Yes\_\_\_\_ No\_\_\_\_

4) Have there ever been, or is there now, any information about you pertaining to:

a. The suspension, restriction, termination or curtailment of training, employment, association or professional privileges or license for any reason, or the denial of any certification of completion of any training for reasons related in any way to alleged mental impairment, incompetence, malpractice or any misconduct or impairment of patient safety and welfare?

Yes\_\_\_\_No\_\_\_\_\_

b. The voluntary or involuntary resignation or withdrawal of any association or of any privileges including academic to avoid the imposition of disciplinary action?

Yes\_\_\_\_No\_\_\_\_\_

c. Conviction of a crime?

Yes\_\_\_\_No\_\_\_\_\_

5) Have you ever been sanctioned by, or are you now being reviewed by, any professional ethics board?

Yes\_\_\_\_No\_\_\_\_\_

6A) If the answer to each of the above questions is "NO" please sign.

\_\_\_\_\_  
(Signature)

6B) If the answer to any of these questions is "YES" please supply pertinent details on a separate page.

7) Please sign here to indicate your pledge to report any future instances of the above to the White Institute.

\_\_\_\_\_  
(Signature)