

**APPLICATION FOR ADMISSION - PSYCHOLOGISTS**

**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 and locations of institutions, dates attended and degree or certificate received. In each case, note month as well as year.

NB: As stated in our bulletin, our charter requires your Ph.D. (or Psy.D.) be in Clinical Psychology. Training at White may be used to fulfill New York State licensing requirements.

\*An official transcript of post-baccalaureate study is required.

**HOSPITAL WORK**: Where did you serve your internship? (One year of full-time work is the required minimum). State Month and Year of starting and stopping work in each hospital, and total number of hours in each.

Name of Hospital \_\_\_\_\_

Address \_\_\_\_\_

Starting Date \_\_\_\_\_ Ending Date \_\_\_\_\_ No. of Hours \_\_\_\_\_

Percentage of time spent in:

Diagnosis \_\_\_\_\_ Research \_\_\_\_\_ Group Therapy \_\_\_\_\_ Individual Therapy \_\_\_\_\_

Other (specify) \_\_\_\_\_

Name(s) of your direct supervisors\* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(Please give current addresses if different from above, if possible)

\_\_\_\_\_  
\_\_\_\_\_

No. of hours of supervision each month \_\_\_\_\_

Percentage of time spent on: Closed wards \_\_\_\_\_ Open wards \_\_\_\_\_ Out patient service \_\_\_\_\_

-----  
Name of Hospital \_\_\_\_\_

Address \_\_\_\_\_

Starting Date \_\_\_\_\_ Ending Date \_\_\_\_\_ No. of Hours \_\_\_\_\_

Percentage of time spent in:

Diagnosis \_\_\_\_\_ Research \_\_\_\_\_ Group Therapy \_\_\_\_\_ Individual Therapy \_\_\_\_\_

Other (specify) \_\_\_\_\_

Name(s) of your direct supervisors\* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(Please give current addresses if different from above, if possible)

\_\_\_\_\_  
\_\_\_\_\_

No. of hours of supervision each month \_\_\_\_\_

Percentage of time spent on: Closed wards \_\_\_\_\_ Open wards \_\_\_\_\_ Out patient service \_\_\_\_\_

***IF YOU HAVE WORKED IN MORE THAN TWO HOSPITALS, USE AN EXTRA SHEET AND GIVE INFORMATION CALLED FOR ABOVE ALL HOSPITAL WORK.***

\*We may contact supervisors for information about your work. We will never communicate with your personal analyst(s).

**CLINIC WORK:** (Two years of full-time supervised clinic work - or equivalent in part-time work must have been completed before the date of application).

Name of Hospital \_\_\_\_\_

Address \_\_\_\_\_

Starting Date \_\_\_\_\_ Ending Date \_\_\_\_\_ No. of Hours \_\_\_\_\_

Percentage of time spent in:

Diagnosis \_\_\_\_\_ Research \_\_\_\_\_ Group Therapy \_\_\_\_\_ Individual Therapy \_\_\_\_\_

Other (specify) \_\_\_\_\_

Name(s) of your direct supervisors\* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(Please give current addresses if different from above, if possible)

\_\_\_\_\_  
\_\_\_\_\_

No of hour of supervision each month \_\_\_\_\_

Types of patients chiefly worked with (i.e., adults, adolescents, children, psychotic, neurotics, addicts, etc.) \_\_\_\_\_

-----  
Name of Hospital \_\_\_\_\_

Address \_\_\_\_\_

Starting Date \_\_\_\_\_ Ending Date \_\_\_\_\_ No. of Hours \_\_\_\_\_

Percentage of time spent in:

Diagnosis \_\_\_\_\_ Research \_\_\_\_\_ Group Therapy \_\_\_\_\_ Individual Therapy \_\_\_\_\_

Other (specify) \_\_\_\_\_

Name(s) of your direct supervisors\* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(Please give current addresses if different from above, if possible)

\_\_\_\_\_  
\_\_\_\_\_

No of hour of supervision each month \_\_\_\_\_

Types of patients chiefly worked with (i.e., adults, adolescents, children, psychotic, neurotics, addicts, etc.) \_\_\_\_\_

***IF YOU HAVE HAD EXPERIENCE IN MORE THAN TWO CLINICS, USE AN EXTRA SHEET AND GIVE INFORMATION CALLED FOR ABOVE ALL CLINICAL EXPERIENCE.***

\*We may contact supervisors for information about your work. We will never communicate with your personal analyst(s).

**RESEARCH WORK:** (Give a complete bibliography of your publications. If you have done any unpublished research, give a brief description of it. Use extra sheets if necessary)



