



WILLIAM ALANSON WHITE  
I · N · S · T · I · T · U · T · E

of Psychiatry, Psychoanalysis & Psychology  
20 West 74th Street, New York, NY 10023  
phone 212-873-0725 fax 212-362-6967

**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 non refundable, and it cannot be financed under State scholarship funds. Applications must be submitted on or before May 1st. Submit to: Seth Aronson, Psy.D., Director of Training, White Institute, 20 West 74th Street, New York, NY 10023.

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

Name in Full \_\_\_\_\_

Address \_\_\_\_\_  
*(professional – street)*

\_\_\_\_\_ Phone \_\_\_\_\_  
*(city, state, zip)*

Address \_\_\_\_\_  
*(residence - street)*

\_\_\_\_\_ Phone \_\_\_\_\_  
*(city, state, zip)*

Email \_\_\_\_\_

**Educational Record\*:** Include all collegiate, post-graduate, professional and technical education, with names of institutions, dates attended and degrees received.

| Institution Name & City/State | Dates attended (Months/Years) | Degree or Certificate |
|-------------------------------|-------------------------------|-----------------------|
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**\*An official transcript of medical school records is required of all applicants.**

List 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). *If you need additional space, use a separate sheet.*

| Institution Name & Address | Position(s)/Experience | Date Started | Date Ended |
|----------------------------|------------------------|--------------|------------|
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|                            |                        |              |            |

List names of supervisor(s) for each area cited above, giving current addresses/contact information. *If you need additional space, use a separate sheet.*

| Supervisor's Name | Supervisor's Address or contact information | Institution where you received supervision (name & city/state) | Starting Date (month/year) | Ending Date (month/year) |
|-------------------|---|--|----------------------------|--------------------------|
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**Personal Psychoanalysis or Psychotherapy:** List present and/or previous analyst(s) or therapists, including the dates of your analysis or therapy and frequency of sessions, as well as the school affiliation of your analyst or therapist.  
*(We will never communicate with your personal analyst(s) or therapist(s)).*

| Therapist's Name | Dates of therapy (month & year, start & end) | Frequency of sessions | Therapist's School or Institutional Affiliation |
|------------------|--|-----------------------|---|
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*Signature*

Careful and thorough reading and understanding of all requirements is essential. The White Institute has throughout its history, promoted institutional diversity and pluralism in every aspect of its functioning including staff hiring, selecting participants and faculty, and developing content for all programs including CE programs. The Institute's non-discrimination policy applies to the entire Institute community, including faculty, staff, organizational groups, administrative units, Institute sponsored activities and the like. Discrimination against any Institute community member or participant on the basis of age, color, gender, disability status, height, weight, marital status, national origin, political persuasion, race, religion, sexual orientation, veteran status, is prohibited.

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 of 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 here:

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*(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.

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*(Signature)*