

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 non refundable. 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.

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

Date of Application _____

Name in Full _____

Address _____ Phone _____
(professional)

Address _____ Phone _____
(residence)

Email: _____

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)

PERSONAL PSYCHOANALYSIS (or Psychotherapy): Are you now in analysis _____

If YES, when did you begin? (Month & Year) _____

Name of your analyst (therapist)* _____ Hrs. Per Week _____

With what school is your analyst affiliated? _____

List any previous analysts (therapists), affiliations, dates and frequency _____

PRIVATE PRACTICE: (are you doing any private therapy? Yes _____ No _____)

If YES, when did you begin your private practice? _____

Approximately how many hours a week do you spend in private therapy? _____

Is your work supervised? Yes _____ No _____

List names, address and telephone numbers of your supervisor(s)* and the dates between which they supervised your work.

If you are in private practice and are not licensed, please clarify as to how you are practicing legally in your state without a license.

(If you are in the process of receiving your license under supervision, please have your supervisor send a letter stating their name, degree, field of study and license number.)

YOU MAY USE EXTRA SHEETS TO GIVE ANY ADDITIONAL INFORMATION WHICH YOU THINK MAY BE OF USE IN EVALUATING YOUR APPLICATION.

Signature

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

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 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)