WILLIAM ALANSON WHITE
I · N · S · T · I · T · U · T · E
of Psychiatry, Psychoanalysis & Psychology

Dear Colleague:

We welcome your interest in the Low Cost Psychotherapy Supervision Service. After completion of this application you will be referred to a supervisor who is a faculty member and supervisor at the William Alanson White Institute. Most referrals are made within two weeks. While assignments are made primarily on the basis of availability, we will make every effort to meet your particular interests and needs as indicated in the attached application. The procedures of the service are as follows:

A non-refundable $100 fee must be submitted with the application.
The fee for ongoing supervision will be $75 per session.

Scheduling will be arranged between you and your assigned supervisor. The supervisory arrangements shall remain in effect for 40 sessions. At the end of that time you may negotiate a new arrangement with your supervisor or you may reapply to the Service for a new referral.

Supervisors will not be responsible for insurance coverage, reports, or licensure requirements etc. Applicants must provide their own clinical work for discussion. Participation in this service may not be used to fulfill the requirements of educational programs at the White Institute or elsewhere, and participants may not represent themselves as trainees of the White Institute or any of its programs.

It is understood that in signing this application you are asserting that you are licensed to practice psychotherapy or psychoanalysis in the state in which you practice.

For this application to be processed you must include documentation of your professional liability insurance and current New York State license registration Copies of relevant documents will be sufficient.

Name_____

Signed_____ Date _____

Application to Low Cost Psychotherapy Supervision Service

Name: _____

Address: _____

_____

Degree: _____ Age: _____

Home Phone: _____ Office Phone: _____

E-mail Address: _____

(Please specify where you are most easily reached during the day and when you are available)

Please describe your most recent (or highest level) training experiences (include dates)

_____

_____

_____

_____

To participate in the supervision service you must demonstrate that you are licensed or otherwise legally permitted to practice psychotherapy. Please describe your credentials and when they were obtained.

_____

_____

_____

What is your current work situation?

_____

_____

_____

_____

_____

Total Number of years of clinical experience (all settings): _____

Are you in private practice? _____ For how many years? _____

Please describe your practice and caseload.

_____

_____

_____

Do you see patients more than 1X per week: _____

Are you requesting supervision on:

____ *Individuals*	____ *Couples*	____ *Groups*	
____ *Adults*	____ *Children*	____ *Adolescents*	____ *Seniors*

Are you requesting supervision for patients predominately dealing with/or having a history of:

____ *Anxiety / Anxiety Disorders*	____ *Depression*	____ *Mood disorders*
____ *Bipolar Disorder*	____ *Adjustment Disorders*	____ *Character Neuroses*
____ *Personality Disorders*	____ *Suicidality*	____ *Prior Hospitalizatior*
____ *Serious Mental Illness*	____ *Addiction issues*	____ *Eating Disorders*
____ *Impulse Control Disorders*	____ *Antisocial Behavior*	____ *PTSD*
____ *History of Sexual Abuse*	____ *Stage of Life issues*	
____ *Other*	_____	

If your clinical caseload includes children and adolescents check the predominant symptomatology.

____ *Autistic Spectrum*	____ *Oppositional/Defiant*	____ *Eating Disorders*
____ *Substance Abuse*	____ *Mood/Anxiety*	

The following questions concern your preferences and special needs. Please answer YES or No and circle any area which is of primary importance to you.

Do you have a preference concerning gender? _____Male _____ Female

Location (*=Manhattan):

____ Uptown*	____ Downtown*	____ Eastside*	____ Westside*
____ Queens	____ Brooklyn	____ Bronx	____ Long Island
____ Westchester	____ Rockland	____ New Jersey	____ Connecticut
____ Other:			

What hours are you available? Please write in all that apply.

Monday: _____
Tuesday: _____
Wednesday: _____
Thursday: _____
Friday: _____
Saturday: _____

What would you like to emphasize in the supervision? For example:

____ *Differential Diagnosis*	____ *Beginning Treatment*
____ *The Difficult Patient*	____ *Crisis or Impasse*
____ *Enactments*	____ *Confrontation*
____ *Transference-Countertransference*	
Other: _____	

Describe your ideal supervisor

_____

_____

_____

Do you have any special needs or requirements?

_____

_____

_____

Please send a copy of this application along with the required documentation and application fee to:

Afoué K. Ellison, Registrar
William Alanson White Institute
20 West 74th Street
New York, NY 10023.