

APPLICATION FOR ADMISSION – LICENSED CLINICAL SOCIAL WORKERS

Four copies of this application form are required and must be accompanied by an application fee of \$100. This fee is not refundable. Applications must be submitted on or before April 1st. Submit to: 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 _____ Date of Birth _____

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.

Professional License: Include license and/or limited permits obtained, including state(s) in which licensure has been obtained and date of issuance. Please include with this application a copy of your most current registration certificate documenting licensure.

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

Internship and/or Post-graduation supervised clinical experience (including details of supervised experience credited toward licensure):

Clinical Work:

Name of Facility _____

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*

No. of hours of supervision each month _____

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

Name of

Facility _____

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*

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 FACILITIES, 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).

Please cite any of your supervisors who were analysts and their affiliation:

Please list courses and/or experience in learning psychiatric diagnosis:

Publications/Presentations/Research (if applicable):

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.

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 through 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 judgments 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)