



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 – LICENSURE-QUALIFYING PROGRAM

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 May 1st. Submit to: 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 _____

Email: _____

Educational Record*: Include all collegiate, post-graduate, professional and technical education, with names and locations of institutions, dates attended (month and year) and degree or certificate received.

Name of Institution	Location (City & State)	Dates Attended Month & Year	Degree or Certificate

Professional License: (if applicable) List license(s) 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.

License or Permit	State of Issuance	Date of Issuance

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

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

Clinical Work: (if applicable)

IF YOU HAVE WORKED IN MORE THAN TWO FACILITIES, USE AN EXTRA SHEET AND GIVE INFORMATION CALLED FOR BELOW.

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: Inpatient _____ Outpatient _____ Other _____

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: Inpatient _____ Outpatient _____ Other _____

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

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

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

PLEASE DESCRIBE IN ONE PAGE OR LESS THE DEVELOPMENT OF YOUR INTEREST IN PSYCHOANALYSIS AND HOW YOU PLAN TO USE PSYCHOANALYTIC TRAINING.

(use a separate sheet)

Current and Previous Job or Employment Status:

Names/Addresses/Telephone and/or email contact informaton of at least 3 professional references who can provide information about your professional functioning:

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 or therapist * _____

Hours per week in session _____

With what school is your analyst affiliated? _____

List any previous analysts (therapists), their affiliations, dates of your therapy and frequency of sessions

PRIVATE PRACTICE: Are you in practice with any private therapy? Yes _____ No _____

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

Approximately how many hours a week do you spend providing treatment? _____

Is your work supervised? Yes _____ No _____

List names, address and telephone numbers of your supervisor(s)* and the dates of supervision:

YOU MAY USE EXTRA SHEETS TO GIVE ANY ADDITIONAL INFORMATION THAT YOU BELIEVE TO BE USEFUL 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 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 your name below.

(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)

Please include a one page statement describing your interest in pursuing psychoanalytic training.