



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

**APPLICATION FOR ADMISSION – 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 May 1<sup>st</sup>. 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 \_\_\_\_\_ 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.

L.M.S.W. \_\_\_\_\_ L.C.S.W. \_\_\_\_\_ Unlicensed M.S.W. \_\_\_\_\_ MSW Graduating Student \_\_\_\_\_

If you do not have a license, please indicate the date by which you expect it \_\_\_\_\_

\*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: Inpatient Units \_\_\_\_\_ Outpatient Units \_\_\_\_\_ Other \_\_\_\_\_

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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 Units \_\_\_\_\_ Outpatient Units \_\_\_\_\_ Other \_\_\_\_\_

***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:**

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

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**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.

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

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 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)

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