

THE WILLIAM ALANSON WHITE INSTITUTE

CHILD AND ADOLESCENT PSYCHOTHERAPY TRAINING PROGRAM

Application for Admission

Mail completed application to Director of Admissions, Child and Adolescent Psychotherapy Training Program, The William Alanson White Institute, 20 West 74th Street, New York, New York 10023. Four copies of this application form are required and must be accompanied by a non-refundable application fee of \$100. (Make check payable to William Alanson White Institute.)

Please type or print

Date of Application: _____

Last Name: _____ First Name: _____ Initial: _____

Date of Birth: _____
Month Day Year

Home Address _____
Number Street City State Zip Code

Home Telephone: _____ Business Telephone: _____

Business Address: _____
Number Street City State Zip Code

Degree: _____

Present Position: _____

EDUCATIONAL RECORD- List in chronological order (*starting with the most recent*) the schools you have attended including all college, graduate, post-graduate, professional and technical education. **NOTE:** *An official transcript of all post-baccalaureate study is required.*

Institution Name	Address	Attending		Certificate or Degree	Year
		From:	To:		

PROFESSIONAL EXPERIENCE - List in chronological order (*starting with most recent*) your clinical experience. Include any private practice, names of hospitals, clinics, therapeutic centers, externships, internships, residencies, institutions or agencies. Detail any experience with children and adolescents. (*We may contact supervisors for information about your work.*)

1) Private Practice (*if applicable*) Yes ___ No ___ Dates _____ # hrs/wk _____

Address: _____
Number Street City State Zip Code

Description of duties: _____

Names(s) of any direct supervisor(s) _____

(Please give current address of supervisor(s), if possible)

2) Institution/Agency _____ Starting date _____ Ending date _____

Address: _____
Number Street City State Zip Code

Description of duties: _____

Names(s) of any direct supervisor(s) _____

(Please give current address of supervisor if different from above, if possible)

3) Institution/Agency _____ Starting date _____ Ending date _____

Address: _____
Number Street City State Zip Code

Description of duties: _____

Names(s) of any direct supervisor(s) _____

(Please give current address of supervisor if different from above, if possible)

4) Institution/Agency _____ Starting date _____ Ending date _____

Address: _____
Number Street City State Zip Code

Description of duties: _____

Names(s) of any direct supervisor(s) _____

(Please give current address of supervisor if different from above, if possible)

USE ADDITIONAL SHEET(S) IF NECESSARY

PUBLICATIONS and RESEARCH - Please give a brief description of any writing and/or research interests you may have. Include a bibliography of your publications, if applicable.

PROFESSIONAL INFORMATION

Are you licensed? Yes ___ No ___ If yes, License _____ License # _____ State _____

Do you have malpractice insurance? Yes ___ No ___ If yes, list name of carrier _____
Amount _____

Have you ever had your license or certification revoked or suspended? Yes ___ No ___
Have you ever been sanctioned by, or are you now being reviewed by any Professional Ethics Board,
State Licensing Board or other regulatory body? Yes ___ No ___ If yes, please explain:

ADDITIONAL INFORMATION - Please include any personal or professional information that might be helpful in evaluating your application. Use additional sheets, if necessary.

PERSONAL PSYCHOANALYSIS or PSYCHOTHERAPY

(N. B. In order to preserve analytic confidentiality, it is Institute policy not to communicate with analysts or therapist.)

Are you now in psychoanalysis? Yes ___ No ___ or psychotherapy? Yes ___ No ___
If "yes," when did you begin (month/year)? _____ Hrs/wk _____

Orientation of analyst/therapist and Institutional affiliation:

List any previous analyses/therapy, orientation of analyst/therapist, dates (month /year) and frequency.

REFERENCES- List the names and addresses of two supervisors and one other person familiar with your work. You are responsible for asking them to write us directly regarding your professional ability.

COMPLETE APPLICATION INCLUDES:

- 1) Official transcripts of all post-baccalaureate education
- 2) Copy of license to practice and malpractice insurance, if applicable
- 3) Application fee of \$100; payable to The William Alanson White Institute
- 4) References (under separate cover; to be sent directly to WAWI)
- 5) Four copies of completed application form

Signature: _____ Date: _____

The William Alanson White Institute does not discriminate on the basis of race, color, national or ethnic origin.