

The Suffolk Institute for Psychotherapy and Psychoanalysis

2188 Nesconset Highway – Suite 111 – Stony Brook, NY 11790 – Phone: 631-724-3414 – www.suffolk institute.org

APPLICATION FOR ADMISSION

General Information

Applying for (please check one): One-Year Program Four-Year Program

Name: _____ Email address: _____

Date of Birth: _____ Social Security Number: _____

Home Address: _____

Home Phone: _____

Office Address: _____

Office Phone: _____

Academic Background

Undergraduate Education

College Name/Address	Dates Attended (From – To)	Date Degree Awarded	Degree Type
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Graduate Education

College Name/Address	Dates Attended (From – To)	Date Degree Awarded	Degree Type
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Licenses & Certificates

Do you have a New York State Certificate or License for Professional Practice? Yes No

If yes: Type: _____ Date Issued: _____
Please attach a copy to this application.

Do you have any other professional certificates or licenses? Yes No

If yes: Name of certificate or license: _____ Date Issued: _____
Please attach a copy to this application.

Do you have professional liability insurance? Yes No
Please attach a copy to this application.

Professional Experience: Private Practice

Are you or have you ever been engaged in the private practice of psychotherapy or psychoanalysis? Yes No

If yes, when did you begin your private practice? (Month/Year) _____

Describe briefly the nature of and time spent weekly in your private practice.

Has your private practice work been supervised? Yes No

If yes, list the names, addresses, and affiliations of your supervisor(s) and the dates they supervised your work.

<u>Supervisor Name/Address</u>	<u>Supervisor Affiliations</u>	<u>Dates Supervised</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Personal Psychotherapy or Psychoanalysis

Have you undergone personal psychotherapy or psychoanalysis? Yes No

If yes, list the dates, number of weekly sessions, and total hours during which you underwent therapy or analysis.

<u>Dates (From – To)</u>	<u>Number of Weekly Sessions</u>	<u>Total Hours</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever enrolled in a formal psychotherapy training program? Yes No

If yes, please give the name of the program you attended, the years you attended, and any other pertinent data.

<u>Name of Program</u>	<u>Years Attended</u>	<u>Additional Information</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Clinical Experience

List all experience you have had in the mental health field. Please list your experience in chronological order, beginning with your present position.

Agency Name: _____

Address: _____

Position: _____

Supervisor: _____

Date of Employment (Mo/Yr – Mo/Yr): _____

Duties: _____

Agency Name: _____

Address: _____

Position: _____

Supervisor: _____

Date of Employment (Mo/Yr – Mo/Yr): _____

Duties: _____

Agency Name: _____

Address: _____

Position: _____

Supervisor: _____

Date of Employment (Mo/Yr – Mo/Yr): _____

Duties: _____

Professional Affiliations & Membership in Professional Societies

<u>Name of Society</u>	<u>Membership Dates</u>	<u>Position(s) Held</u>

Publications

References

Please have three letters of reference forwarded to the Admissions Committee, at least one of which is from a supervisor or colleague familiar with your clinical work. Mail one of the attached Letter of Reference Forms to each of your references. Please list the names and addresses of the persons of whom you requested letters of reference:

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Additional Information

If there is any additional information you would like to provide the Admissions Committee which you believe to be pertinent, such as your expectations regarding this training program, professional goals, therapeutic orientation, special areas of interest, etc., feel free to attach this information to your Application.

* * *

I hereby make application for admission to the Suffolk Institute for Psychotherapy and Psychoanalysis. I grant the Admissions Committee full permission to communicate with references at their discretion regarding my training, personality, and character.

Signature of Applicant

Date

Note: Please include the Application Fee of \$35 with your Application. This fee is non-refundable. Please make your check payable to Suffolk Institute for Psychotherapy and Psychoanalysis.

Mail your completed Application and Application Fee to: Suffolk Institute for Psychotherapy & Psychoanalysis, 2188 Nesconset Highway, Suite 111, Stony Brook, NY 11790.

Upon receipt of your Application and supporting information, you will be contacted to arrange appointments for two admissions interviews.

The Suffolk Institute for Psychotherapy and Psychoanalysis

ANALYST INFORMATION SHEET

APPLICANT INFORMATION

Name of Applicant _____

Date Treatment Began _____ Frequency _____

ANALYST INFORMATION

Name of Analyst _____

Address _____

Theoretical Orientation _____

In what year did you begin private practice? _____

How many hours/week do you currently devote to private practice? _____

Professional affiliation(s) _____

Graduate Education

Name of School _____

Degree _____ Date Degree Earned _____ Area _____

Post Graduate Education

If you have pursued formal analytic training, please provide the following information:

Name of Institute _____ Years Attended _____

Date Diploma/Certificate was (or will be) earned _____

Please list the names of your supervisors, the inclusive dates of supervision, and the number of hours/week of supervision.

Supervisor _____ Dates Supervised (From - To) _____ Hours/Week Supervised _____

If you have not pursued formal analytic training, please provide the following information:

Analyst's Name: _____

Analyst's Orientation: _____

Inclusive Dates of Analysis: _____ Hours/Week in Analysis: _____

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Analyst's Orientation: _____

Inclusive Dates of Analysis: _____ Hours/Week in Analysis: _____

Please list the courses you've taken that are related to doing psychoanalytic psychotherapy, and the Institute offering these courses.

Course Title	Institute
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

* * *

Thank you for taking the time to provide the requested information.

Signature: _____

Date: _____

The Suffolk Institute for Psychotherapy and Psychoanalysis

LETTER OF REFERENCE

Applicant: _____

Date: _____

The above-named person has applied to our post-graduate program which offers a certificate in psychoanalytic psychotherapy and psychoanalysis, and your name has been given as a reference. Your assistance in acquainting us with this applicant would be most helpful.

We would appreciate your candid opinion of the applicant. Please include in your letter of reference the length of and circumstances of your acquaintance with the applicant, and your evaluation in the following areas:

1. How would you describe the applicant's performance with respect to accepting and carrying out job responsibilities?
2. What are the applicant's strengths and limitations? Please comment particularly on this person's intellect; character; sensitivity and empathy in working with patients; clinical acumen; potential as a therapist; and commitment to the public and to the professional field.
3. Indicate any unique qualities which you feel the applicant possesses in regard to the pursuit of advanced training. Please comment on the applicant's openness to training; receptivity to criticism; and ability and willingness to integrate theoretical constructs and clinical approaches.
4. What relevant information can you share with us about the applicant that is not included in your responses to the above?

Your early response will be most helpful and appreciated.

Sincerely,

Frances G. Scheff, LCSW

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