



Training Institute for Mental Health

Chartered by the Board of Regents of the University of the State of New York
115 West 27th Street 4th Floor, New York, NY 10001-6217 ▲ 212-627-8181 ▲ www.timh.org

Application for Training

Check program you are applying for:

- | | |
|---|---|
| <input type="checkbox"/> Basic Concepts in Psychotherapy (1 Year) | <input type="checkbox"/> Couples Therapy Training Program |
| <input type="checkbox"/> Psychoanalytic Psychotherapy (3 Years) | <input type="checkbox"/> Group Therapy Training Program |
| <input type="checkbox"/> Psychoanalysis (4 Years) | |

Name _____ License Number _____

Social Security Number _____ Date of License _____
(Include Apt or Box Number)

Home Address _____ City _____ State _____ Zip _____

Office Address _____ City _____ State _____ Zip _____

Home/Cell Phone(s) (_____) Business/Cell Phone(s) (_____)

Date of Birth _____ Marital Status _____ Email _____

Education

Institution	Dates	Major	Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Professional Experience

Affiliation	Dates	Type of Work
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Personal Psychotherapy

Therapist (Names and Degrees)	Address	Orientation	Affiliation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Dates of Treatment: From _____ to _____ Total Hours _____
-more-

Additional Information

Membership in Professional Organizations, Publications, etc.

Please Note

An autobiographical statement is required for applicants to the 3 year program in Psychoanalytic Psychotherapy and the 4 year program in Psychoanalysis. In 150-300 words, please describe the various significant familial and personal experiences that have shaped your current life style and professional interests. Use separate pages and attach to this application.

A non-refundable fee of \$50 must accompany this application.

Date _____ Signature _____