



# Training Institute for Mental Health

Chartered by the Board of Regents of the University of the State of New York  
22 West 21 Street, New York, NY 10010-6904 ▲ 212-627-8181 ▲ www.timh.org

## Application for Training

*Check program you are applying for:*

- |   |   |
|---|---|
| <input type="checkbox"/> Basic Concepts in Psychotherapy (Non-Matriculated) | <input type="checkbox"/> Group Therapy Training Program   |
| <input type="checkbox"/> Psychoanalytic Psychotherapy                       | <input type="checkbox"/> Couples Therapy Training Program |
| <input type="checkbox"/> Psychoanalysis                                     |   |

Name \_\_\_\_\_ License/Certification Number \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of License/Certification \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
(Include Apt or Box Number)

Office Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Office Phone ( ) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_

### 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 \_\_\_\_\_