



2017- 2018 Application

Psychoanalytic Psychotherapy Training Program
 Los Angeles
 Classes begin September 9, 2017
 Application deadline July 30, 2017

NAME _____ DATE _____
First Last

MAILING ADDRESS _____
Street City St Zip

HOME ADDRESS _____
Street City St Zip

HOME PHONE _____ OFFICE PHONE _____

EMAIL _____ FAX _____

DEGREE _____ DATE REC'D _____ INSTITUTION _____

CA LICENSE _____ DATE 1ST LICENSED _____ DATE OF BIRTH _____

Social Security No. _____ CURRENT PRIMARY PROFESSIONAL POSITION _____

HOW DID YOU HEAR ABOUT ICP? Journal ___ Website ___ An Associate ___ Other _____

CHECKLIST OF DOCUMENTATION INCLUDED WITH THIS APPLICATION:

- 1) \$50 application fee
- 2) Curriculum Vitae (including schools attended, professional and clinical experience, and degrees received)
- 3) Please submit:
 - A photo copy of professional liability policy
 - A photo copy of current state license

Has your license ever been revoked or suspended? Yes ___ No ___

Have you ever been sued for professional malpractice? Yes ___ No ___

Have you had any charges brought against you by any ethics committee or any organization?
 Yes ___ No ___

Have any complaints against you been filed with any state licensing agency? Yes ___ No ___

(If the answer to any of these questions is YES, please attach a separate page clarifying.)

References

Please list the names of two individuals, supervisors, or colleagues familiar with your work who can recommend you. (Do **NOT** include a current or past therapist.)

1. Name _____ Office Phone _____

Address _____ Home Phone _____

Email Address _____

2. Name _____ Office Phone _____

Address _____ Home Phone _____

Email Address _____

PSYCHOTHERAPY AND PSYCHOANALYSIS (Therapists and analysts will not be contacted)

Name of Therapist	Date Began	Date Ended	Hours per week
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I hereby certify that all of the information in this application and the supporting documentation is true and correct. I agree that the ICP may verify any of this information and understand that I am obligated to advise the Institute of any changes that occur after this application has been submitted.

I give the Admissions Committee and the Board of Directors permission to review all of the foregoing information, and materials and to contact my references or others in the professional community, in order to assess my work and character.

I understand and agree that admission to the Institute of Contemporary Psychoanalysis is subject to approval by the Admissions Committee. The decision is final and not appealable, except to the Board of Directors on procedural grounds only.

The Institute of Contemporary Psychoanalysis admits students of any race, color, gender, sexual orientation, religion, age handicap, or national or ethnic origin to all rights, privileges, programs and activities general accorded or made available to students at the Institute. It does not discriminate on the basis of race, color, gender, sexual orientation, religion, age, handicap, or national or ethnic origin in administration of its educational policies, admissions policies and other school administered programs.

The Institute of Contemporary Psychoanalysis reserves the right, in its sole discretion, to rescind your acceptance and terminate your status at any time if, in the discretion of the Institute of Contemporary Psychoanalysis, your participation is not consistent with the goals, policies, and/or standards of the Institute of Contemporary Psychoanalysis. The decision of the Institute of Contemporary Psychoanalysis is final and non-appealable. By applying to the Institute of Contemporary Psychoanalysis, you agree to be subject to this provision regarding termination.

Signed

Date

Contact Information

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