

REFERENCES:

Please list the names of three individuals, supervisors, or colleagues (do **not** include a current or past therapist) who can be contacted, who are familiar with your work, and who can recommend you.

1. NAME _____ OFFICE PHONE _____

ADDRESS _____
Street City St Zip

EMAIL ADDRESS _____

2. NAME _____ OFFICE PHONE _____

ADDRESS _____
Street City St Zip

EMAIL ADDRESS _____

3. NAME _____ OFFICE PHONE _____

ADDRESS _____
Street City St Zip

EMAIL ADDRESS _____

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

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

Has your license ever been revoked or suspended?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.)

CHECKLIST OF DOCUMENTATION TO INCLUDE WITH THIS APPLICATION:

- 1) Self-reflective personal autobiography (we would prefer no more than 4 double spaced pages)
- 2) Curriculum Vitae (including schools attended, professional and clinical experience, and degrees received)
- 3) Please include any experiences in your life that you feel directed you toward your interest in psychoanalytic studies and practice.
- 4) Include training/study that has informed you as to psychoanalytic theory and its clinical application.
- 5) **Application fee (non-refundable):**
 - a. \$125 for applications received before June 1st
 - b. \$150 for applications received after June 1st

PLEASE PROVIDE:

- 1) Photocopy of current state license
- 2) Photocopy of professional liability policy
- 3) Graduate transcripts

ICP cannot guarantee an admissions decision for the fall if application is received after July 1st.

All psychoanalytic institutes in California are affected by the following new regulations. ICP is exploring multiple avenues to continue awarding PhDs and PsyDs in psychoanalysis.

Notice to Prospective Degree Program Students

This institution is approved by the Bureau for Private Postsecondary Education to offer degree programs. To continue to offer degree programs, this institution must meet the following requirements:

- Become institutionally accredited by an accrediting agency recognized by the United States Department of Education, with the scope of the accreditation covering at least one degree program.
- Achieve accreditation candidacy or pre-accreditation, as defined in regulations, by July 1, 2017, and full accreditation by July 1, 2020.

If this institution stops pursuing accreditation, the following will happen:

- The institution must stop all enrollment in its degree programs, and
- Provide a teach-out to finish the educational program or provide a refund. An institution that fails to comply with accreditation requirements by the required dates shall have its approval to offer degree programs automatically suspended.

PROSPECTIVE STUDENT DISCLOSURES

Pursuant to the California Education Code (CEC) §94897(p) ICP is required to inform you, as a prospective student, of the following:

- ICP is an unaccredited institution and may not be recognized for some employment positions, including, but not limited to, positions with the State of California.
- Students enrolled at ICP are not eligible for federal financial aid programs.
- Graduation from ICP's Psy.D. or Ph.D. program does not make a graduate eligible to sit for applicable licensure exams in the State of California or other states.
- ICP' School Performance Fact Sheet will be provided to you prior to enrollment.

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 all the above individuals, and 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 cannot be appealed, 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, disability, 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, disability, 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