



Institute of Contemporary Psychoanalysis

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Website: www.icpla.edu

APPLICATION PSYCHOANALYTIC TRAINING PROGRAM

Applying for (check all that applies):

THE PSYCHOANALYTIC TRAINING PROGRAM

RESEARCH CANDIDATE

Full legal name: _____

Preferred name/pronouns: _____ Date of birth: _____

Credentials (PhD, PsyD, etc.) – list all that apply: _____

Social Security Number: _____

Check here if you are a licensed psychologist

HOME ADDRESS:

Street/Suite: _____

City/Zip: _____

Country: _____

Email: _____

Phone: _____ Please select one: CELL LANDLINE

OFFICE ADDRESS:

Street/Suite: _____

City/Zip: _____

Country: _____

Email: _____

Phone: _____ Please select one: CELL LANDLINE

Please advise your PREFERRED address/email/phone to communicate within the ICP community

(= ICP members/candidates, faculty, etc.): **HOME** **OFFICE**

DEGREE _____ Date received _____

Institution: _____

License No: _____ Date 1st licensed: _____ Year of Graduation: _____

PSYCHOANALYTIC TRAINING INSTITUTION: _____

CURRENT PRIMARY PROFESSIONAL POSITION: _____

Where did you hear about ICP? (Brochure, Website, Advertisement, etc.):

PREVIOUS PARTICIPATION IN ICP PROGRAMS (Check all that applies):

Extension Program Year: _____ Facilitator's Name: _____

Saturday Series Year: _____ Facilitator's Name: _____

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.) Full Name: _____

Address: _____

Office Phone: _____ Home Phone: _____

Email Address: _____

2.) Full Name: _____

Address: _____

Office Phone: _____ Home Phone: _____

Email Address: _____

3.) Full Name: _____

Address: _____

Office Phone: _____ Home Phone: _____

Email Address: _____

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

Please advise: 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Has your license ever been revoked or suspended?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 the above 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, 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 fees (non-refundable):**
 - a.) \$200.00 for applications received **before** June 1st
 - b.) \$225.00 for applications received **on or after** June 1st

[Click here to pay the ICP Candidate Application Fee](#)

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

PLEASE PROVIDE:

1. Photocopy of your current state license
2. Photocopy of your professional liability policy
3. Graduate transcripts

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.
- 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.

Signature of Applicant: _____ **Date:** _____