



**NATIONAL INSTITUTE for the PSYCHOTHERAPIES
TRAINING INSTITUTE**

250 West 57th Street, Suite 501 New York, NY 10019

Phone: (212) 582-1566 Fax: (212) 586-1272

ONE YEAR EVENING PROGRAM APPLICATION

PLEASE PRINT OR TYPE ALL INFORMATION

APPLICATION FEE: \$50

NAME: _____ SOCIAL SECURITY # : _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

OFFICE ADDRESS: _____

HOME TELEPHONE: () _____ OFFICE TELEPHONE: () _____

EMAIL ADDRESS: (Please print) _____

DATE OF BIRTH: ____ / ____ / ____ CITY OF BIRTH: _____ SEX: _____

PROFESSIONAL TITLE: _____

(e.g., Psychologist, Social Worker, Psychiatric Nurse, Teacher, etc.)

HAVE YOU BEEN IN PSYCHOTHERAPY? YES ___ NO ___

IF YES, HOW MANY YEARS? _____

EDUCATION:
INSTITUTION

DATES

MAJOR

DEGREE

INSTITUTION	DATES	MAJOR	DEGREE

PAID WORK EXPERIENCE (BEGIN WITH THE PRESENT):

ORGANIZATION	DATES	TYPE of WORK PERFORMED	HOURS/ WORKED	IMMEDIATE SUPERVISOR
1. _____				
2. _____				
3. _____				

NAMES, ADDRESSES AND TELEPHONE NUMBERS OF ONE PERSONAL AND TWO PROFESSIONAL REFERENCES.

PLEASE HAVE THESE LETTERS OF REFERENCE FORWARDED TO NIP.

NAME

ADDRESS

TELEPHONE

HOW DID YOU LEARN ABOUT NIP'S ONE YEAR EVENING TRAINING PROGRAM?

DID YOU ATTEND THE OPEN HOUSE? YES: __ NO: __

SIGNATURE

DATE

Please include the following with your completed application:
? A nonrefundable application fee of \$50.00
? 3 Letters of Recommendation