



HOW TO APPLY

Please submit :

- ◇ The attached application form
- ◇ \$50 application fee
- ◇ A copy of the following:
 1. Current Curriculum Vitae
 2. Graduate School Transcript
 3. Copy of License
 4. Copy of Certificate of Professional Liability Insurance
 5. Transcript of any previous training in psychoanalysis or psychotherapy
 6. Name(s) and address(es) of your personal psychotherapist(s) or psychoanalyst(s). Please include where and when each was certified as well as the frequency and dates of your treatment.
 7. Names, addresses and telephone numbers of professional references to whom you will ask to send written recommendations to WCSPP:
 - Four references for the Psychoanalytic Training Program
 - Two references for the Adult Psychotherapy Training Program, the Child and Adolescent Psychotherapy Training Program, the Couples Psychotherapy

FINANCIAL AID

WCSPP is committed to offering financial assistance to candidates in all training programs. Requests for financial aid are handled by the Director of WCSPP in a confidential process. Applications are available upon request.

Statements in this brochure reflect WCSPP's current determination of courses, programs, policies, tuition and fees. Admission to specific programs is dependent on qualifications of the applicant. WCSPP reserves the right to change its courses, programs, policies, tuition and fees subsequent to the publication of this brochure.

NOTICE OF NONDISCRIMINATORY POLICY AS TO STUDENTS

WCSPP admits candidates of any race, color, sexual orientation, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to candidates at WCSPP. It does not discriminate on the basis of race, color, sexual orientation, national and ethnic origin in administration of its educational or admission policies and financial aid or other programs administered by WCSPP.

Creating Opportunities Since 1974

468 Rosedale Avenue
White Plains, New York 10605
T: 914.997.7500 F: 914.997.7501
E: info@wcspp.org W: wcspp.org



APPLICATION FORM

Which training program are you applying to? Please check the appropriate box :

- Psychoanalytic Training Program (4 yr)
- Child & Adolescent Psychotherapy Training Program (2 yr)
- Supervisory Training Program (1 yr)
- Adult Psychotherapy Training Program (2 yr)
- Couples Psychotherapy Training Program (1 yr)

Name :
Last, First Middle

Date of Birth :

Home Address:
.....

(Tel) Home :

Office :

Cell :

Business Address :
.....

E-Mail :

Highest Degree University Date

Your signature :

Date :

Thank you for recognizing the opportunities of advanced training and collegial community known to WCSPP members. We hope your application and interview process becomes a very promising one for you.

Mail all required material listed on page one to :

Administrator, WCSPP
468 Rosedale Avenue
White Plains, New York 10605

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