

APPLICATION TO THE CONSULTATION PROGRAM

Name: _____
(Last) (First) (Middle)

Home Address: _____

Telephone Number: _____

Cell Number: _____

Email Address: _____

Business Address: _____

Telephone Number: _____

Institution Awarding Professional Degree: _____

Type of Degree: _____ Date of Degree _____

Are You Licensed? _____ License Number: _____

Do You Have Malpractice Insurance? _____

List Carrier and Amount: _____

Current Clinical and Work Responsibilities:

Total Years of Experience (all settings): _____

Are you in private practice? Yes ___ No ___

If so, how many years? ___

Describe you private practice (types of patients, frequency of sessions):

Reason(s) for applying to the Consultation Service (focus of consultation, specific interests):

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Are you requesting supervision on:

- Individuals? _____
- Couples? _____
- Groups? _____
- Adults? _____
- Adolescents? _____
- Children? _____
- Elderly? _____

Location Preference:

- Brooklyn _____
- Bronx _____
- Manhattan _____
 - Uptown _____
 - Downtown _____
 - East Side _____
 - West Side _____
- Queens _____
- Long Island _____
- Westchester _____
- Rockland _____
- Connecticut _____
- Other _____

Preferred Times to Meet:

- Monday _____
- Tuesday _____
- Wednesday _____
- Thursday _____
- Friday _____

- Morning _____
- Afternoon _____
- Evening _____

Do you have any special needs?

How did you learn about the Manhattan Institute for Psychoanalysis?

APPLICANT'S SIGNATURE: _____

DATE: _____

Please include an application fee of \$50, a copy of your current license and malpractice insurance, and send to

**Manhattan Institute of Psychoanalysis
245 East 13th Street
Ground Floor
New York, NY 10003
Tel.212.422.1221
Fax 212.422.1181**

admin@manhattanpsychoanalysis.com | www.manhattanpsychoanalysis.com