

# INSTITUTE FOR THE ADVANCEMENT OF SELF PSYCHOLOGY

## Application for Admission

Date: \_\_\_\_\_

### 1. Personal Data

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Initial \_\_\_\_\_

Home Address: \_\_\_\_\_

( City ) ( Province ) ( Postal Code )

Home Phone #: \_\_\_\_\_

Work Address: \_\_\_\_\_

( City ) ( Province ) ( Postal Code )

Work Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Preferred Mailing address (please check one) Work  Home

Date of Birth: \_\_\_\_\_  
(Month) (Day) (Year)

### I am applying for the:

2 year program in psychoanalytic psychotherapy       4 year program in advanced psychoanalytic psychotherapy       4 year program in psychoanalysis

*Please note: If applying for the 2 year program and later you decide you want to continue into a 4 year program you can reapply then.*

### 2. College of Registered Psychotherapists of Ontario

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I am a member of a regulating professional body.

Yes  No  If Yes, Please name: \_\_\_\_\_

I will be using the IASP Training Program towards registration with the College of Registered Psychotherapists of Ontario. Yes  No

**2. Academic Background**

Educational Institutes	Faculties	Dates	Qualifications, Scholarships, Educational Grants, Honours, Etc.

Psychotherapy/ Psychoanalytic Training Institutes	Completed		Dates
	Yes	No	

**Supervision in psychotherapy:**

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**3. Professional Papers or Contributions (Please attach additional pages if required)**

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**4. Professional Information (Past 2 Years)**

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Occupation: \_\_\_\_\_

Professional Associations: \_\_\_\_\_

Registration/Licences to Practice: \_\_\_\_\_

**Current Clinical Experience**

**Hours/Week**

Individual Psychotherapy \_\_\_\_\_

Group Psychotherapy \_\_\_\_\_

Family / Marital \_\_\_\_\_

Counselling \_\_\_\_\_

Casework \_\_\_\_\_

**Past Experience Practicing Individual Psychotherapy:**

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Total Number Years \_\_\_\_\_

Private Practice \_\_\_\_\_

Other \_\_\_\_\_

Comments \_\_\_\_\_

**5. Employment History** *Please list, with details specified below, your last three employers, beginning with your current or most recent position:*

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1. Name of Employer: \_\_\_\_\_

Address \_\_\_\_\_

( City )

( Province )

( Postal Code )

Position Held: \_\_\_\_\_

Employed From: \_\_\_\_\_  
(Month) (Day) (Year)

To: \_\_\_\_\_  
(Month) (Day) (Year)

Supervisor(s): \_\_\_\_\_

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2.Name of Employer: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ ( City ) \_\_\_\_\_ ( Province ) \_\_\_\_\_ ( Postal Code )

Position Held: \_\_\_\_\_

Employed From: \_\_\_\_\_ To: \_\_\_\_\_  
(Month) (Day) (Year) (Month) (Day) (Year)

Supervisor(s): \_\_\_\_\_

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3.Name of Employer: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ ( City ) \_\_\_\_\_ ( Province ) \_\_\_\_\_ ( Postal Code )

Position Held: \_\_\_\_\_

Employed From: \_\_\_\_\_ To: \_\_\_\_\_  
(Month) (Day) (Year) (Month) (Day) (Year)

Supervisor(s): \_\_\_\_\_

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Addition Comments: \_\_\_\_\_

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**6. Previous Personal Analysis or Psychotherapy**

Date	Frequency	Name of Analyst/Therapist(s)


**7. References** *Provide the names and addresses of three persons (at least two of whom should know you well professionally) who can provide evaluations of your personal qualities and your psychotherapeutic work. Please ask them to send a written reference directly to the IASP.*

Name	Address	Occupation	Period

**8. Essay** *Please write a brief (approximately 500 words) autobiographical essay that relates to your interest in the program and include the essay with your application.*

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Please send, along with the completed application:**

- a) Your academic transcripts
- b) Copies of licences/registrations with letter verifying your current good standing.
- c) A cheque or money order for \$250.00 payable to the "Institute for the Advancement of Self Psychology". (Please note, the \$250.00 application fee is non-refundable).
- d) A copy of your malpractice insurance.

*(If these documents cannot accompany the application form, please ensure that they follow as soon as possible after the application is submitted. Your file must be complete prior to admissions interviews.)*

**Completed form should be returned to:**

c/o Kathy Wetmore  
 Institute for the Advancement of Self Psychology  
 76-2192 Queen St. East  
 Toronto, ON M4E 1E6

**Fax:** 416.690.3722

**Email:** kathy@iasptoronto.com