



**B r o o k l y n I n s t i t u t e f o r
P s y c h o t h e r a p y a n d P s y c h o a n a l y s i s**

36 Montgomery Place, Brooklyn, New York 11215 telephone and fax: 718 339-4441

APPLICATION FOR ADMISSION

Name _____ Profession _____ License # _____
Address _____ City _____ State _____ Zip _____
Home Telephone _____ Office Telephone _____

Education

Graduate School _____ Degree _____ Year _____ Field of Study _____

Professional Training/Education (Certificate Training, Workshops, Etc.)

Personal Therapy Experience

Therapist _____ Weekly Frequency _____
Dates (From-To) _____ Orientation _____

Personal Therapy Experience

Therapist _____ Weekly Frequency _____
Dates (From-To) _____ Orientation _____

Relevant Clinical or Work Experience (List most recent first. Use additional sheets if necessary)

References (Two people who are acquainted with your work)

Name _____ Relationship to you _____

Address _____

Name _____ Relationship to you _____

Address _____

Application to the Following Program:

- Adult Psychoanalytic Psychotherapy Training Program
- Child and Adolescent Psychotherapy Training Program
- Hypnotherapy and Hypnoanalysis Training Program
- Couple and Marital Therapy Training Program

How did you first hear of BIPP?

- Advertisement

If so, in what publication? _____

- Mailing
- Word of mouth
- Posted notice

Mail application and non-refundable application fee of \$25 (payable to BIPP):

Brooklyn Institute for Psychotherapy and Psychoanalysis
c/o Joanne Honigman
1714 Ryder Street
Brooklyn, N.Y. 11232