

DIRECTOR OF ADMISSIONS

Kristin Long
222 West 14th Street, 6C
New York, NY 10011
646-494-4324

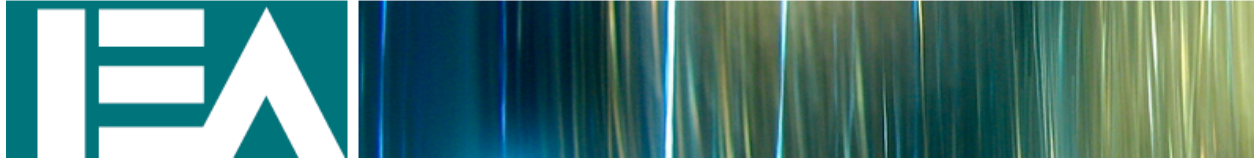
Thank you for your interest in IEA. I hope that the enclosed material helps answer your questions. Please call me at the above number if something is not clear. IEA must receive a check for \$25, with a completed admissions form and a letter expressing why you would like to attend IEA prior to your admission interview. Admission requirements also include two letters of recommendation and graduate school transcripts, which should be sent as soon as possible. After I receive your completed application requirements, I will set up an admissions interview and can describe our program in further detail.

I look forward to hearing from you.

Sincerely,

Kristin Long
Acting Director of Admissions

www.ieanyc.org



APPLICATION FOR ADMISSION TO ENTRANCE LEVEL COURSES

SEND COMPLETED APPLICATION TO DIRECTOR OF ADMISSIONS AT:

Kristin Long
222 West 14th Street 6C
New York, NY 10011

ADMISSIONS@IEANYC.ORG

Please print or type, and include your resume. You may attach additional sheets. A \$25.00 application fee, payable to The Institute for Expressive Analysis, must accompany this application.

ENTRANCE LEVEL COURSES

PERSONAL

Name: _____ Date of Birth: _____
Address: _____ Email _____
Home Tel: _____ Work Tel: _____ Cell: _____

ACADEMIC EXPERIENCE

SCHOOL: (DEGREE, YEAR OF GRADUATION AND MAJOR)

Undergraduate: _____

Graduate: _____

Please list any other type of training you have had, including institutes, training groups, workshops, etc.



WORK HISTORY

NAME & TYPE OF SETTING

DATES

TITLE

DUTIES

PROFESSIONAL INTERNSHIPS OR FIELDWORK

DATES

TITLE

DUTIES

PERSONAL THERAPY

Name and Degree of Therapist _____

Institute affiliation, if any _____

Hours of treatment completed _____

Number of sessions per week _____

Group therapy experience _____

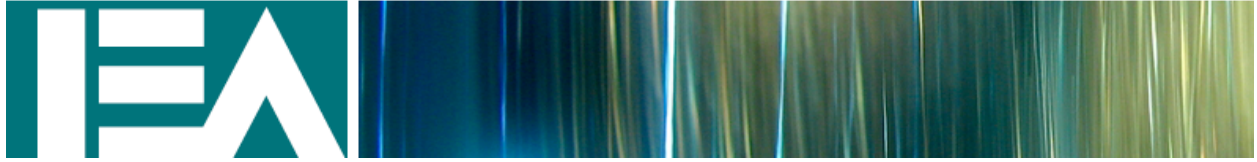
Please list any former therapists _____

PROFESSIONAL AFFILIATION

Please list membership status in any professional organization of which you are a member.

Are you registered in your field? _____

Please give type of registration and date _____



PROFESSIONAL RECOMMENDATIONS

Please list two professionals who would be willing to discuss your work in writing.

TELEPHONE

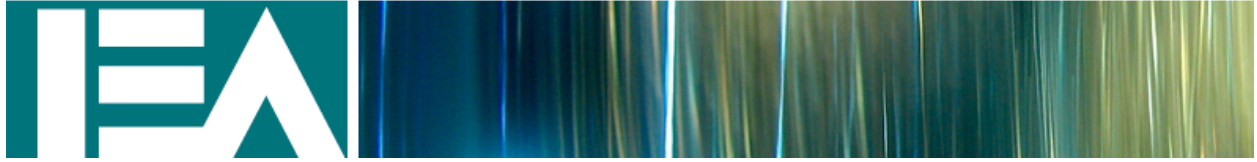
ADDRESS

NAME

Please tell us where you heard about our Institute

STATEMENT OF INTENTION — PLEASE ATTACH A BRIEF STATEMENT OF YOUR REASONS FOR APPLYING FOR STUDENT STATUS IN THE INSTITUTE.

Signature Date



PERSONAL ANALYSIS RECORD

STUDENT'S NAME _____

NAME OF ANALYST _____

ADDRESS OF ANALYST _____

ANALYST'S TELEPHONE NUMBER _____

BACKGROUND INFORMATION _____

Name and address of analytic institute from which analyst graduated

Date of graduation _____

STUDENT INFORMATION

Is student in psychoanalytic treatment? Yes No

Other (describe) _____

Date treatment began:

If completed, date _____

Or, ongoing _____

Frequency of treatment from beginning to present (please describe)

Signature of analyst _____

Date _____



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MORAL CHARACTER

Have you ever been arrested or convicted of a crime?..... Yes No

Are criminal charges pending against you in any court? Yes No

Have you ever been the subject of disciplinary action
by any State licensing board?..... Yes No

Are charges pending against you in any jurisdiction
for any sort of professional misconduct?..... Yes No

Has any hospital or licensed facility restricted or
terminated your professional training, employment,
or privileges or have you ever voluntarily or involuntarily
resigned or withdrawn from such association to avoid
imposition of such measure? Yes No

If "Yes" to any above questions please give dates/explanation: _____

Name of Applicant Date