

Center for Psychotherapy and Psychoanalysis of New Jersey
Program in Psychotherapy and Psychoanalysis
www.cppnj.org CPPNJ
cppnj@cppnj.org
235 Main Street #184
973-912-4432 Madison, NJ 07940

Name: _____

Home Address: _____

Cell: _____

Work Address: _____

Telephone: _____

Date of Birth: _____

E-mail address: _____

EDUCATIONAL BACKGROUND: Degrees (where obtained, dates):

Date of License: _____

Type of License and Number: _____

State: _____

PLEASE attach a copy of your license for professional practice in New Jersey and your private practice insurance.

PROFESSIONAL EXPERIENCE: Please attach your curriculum vitae or attach a chronological list of your work experience (names of therapeutic centers, clinics, internships, residencies, institutions or agencies Indicate dates of affiliation and the capacity in which you functioned).

Membership in Professional Societies:

ARE YOU IN PRIVATE PRACTICE?

When did you begin practice? _____

Number of patients per week: _____

Number of hours per week: _____

Years practicing prior to private practice _____

SUPERVISED CLINICAL EXPERIENCE:

Please list the names of supervisors, places of supervision, dates, number of sessions with each supervisor:

SPECIAL INTERVENTION MODALITIES:

Have you had training in special intervention modalities, i.e. group, couples, etc.?

If so, please describe:

TREATMENT EXPERIENCES:

Name of current therapist: _____

Is the therapist a CPPNJ affiliated person? _____

Is this person a fully trained psychoanalyst (graduated from a program of 4+ years and 5 years post graduation)? _____

Previous treatment experiences (please include modalities and length of treatment):

SUPERVISORY EXPERIENCE:

Have you ever supervised therapists in psychotherapy?

If so, how many therapists? _____

What type of therapy? _____

Approximate number of sessions _____

Where?

Have you ever had a course of instruction in psychotherapeutic supervision? _____

Where?

TEACHING EXPERIENCE: (courses taught, dates, places)

PUBLICATIONS: Have you ever published on psychotherapy? If so, please append list of publications.

ADDITIONAL RELEVANT EXPERIENCE:

ETHICS: Have you ever been reported to your licensing board, professional association or an institutional review board with an ethical complaint (if you were cleared of charges, you do not have to mention the report)? _____

Is there a professional situation of which you are aware that may pose a risk of you being charged with ethical violation? _____ Please attach an explanation if you answered “yes” to any of the above questions.

PERSONAL STATEMENT: Please write a statement (minimum of 250 words) telling us why you are applying to this program at this time, what you hope to gain from it, and any information about you which you feel is pertinent to your application which we have not thought to ask:

How did you learn about the program?

I have requested the link to pay the \$35.00 application fee.

_____ Signature

_____ Date

Please return your application to Cathy Van Voorhees, CPPNJ Administrator, at cppnj@cppnj.org. Susan Masluk, Director of Admissions, will send you the names of two faculty members who will meet with you. Please contact each one as soon as possible to set up your admissions interviews.

The interview is an opportunity for each of the two faculty member to get to know you and your work, and learn about your thoughts about training. It is also an opportunity to clarify our requirements and ask questions. Please be prepared to talk briefly about a patient you are currently treating.