



# MITPP

THE METROPOLITAN INSTITUTE  
FOR TRAINING IN PSYCHOANALYTIC  
PSYCHOTHERAPY  
*Since 1962*



**METROPOLITAN INSTITUTE FOR TRAINING IN  
PSYCHOANALYTIC PSYCHOTHERAPY**

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on Facebook, Twitter and LinkedIn**

## **MITPP APPLICATION FOR TRAINING**

*PLEASE TYPE OR PRINT CLEARLY*

Date \_\_\_\_\_

Name \_\_\_\_\_ Preferred Pronouns: (Optional) \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Discipline (e.g. social work, psychology, etc.) \_\_\_\_\_

Graduate Degree \_\_\_\_\_ Year Obtained \_\_\_\_\_

School \_\_\_\_\_

Undergraduate Degree \_\_\_\_\_ Year Obtained \_\_\_\_\_

School \_\_\_\_\_

N.Y. State Certification or License Number \_\_\_\_\_

Please check one (requirements for all programs include coursework, individual and group supervision and personal therapy, with the exception of non-matriculated coursework):

**Adult Program in Psychoanalytic Psychotherapy**

\_\_\_\_\_ Full-time Program (3 courses per semester and 8 clinical hours per week)

\_\_\_\_\_ Part-time Program (1 or 2 courses per semester and 5 clinical hours per week)

\_\_\_\_\_ Non-matriculated coursework: Adult Program (coursework only)

\_\_\_\_\_ LCSW Earn and Learn Program (1, 2, or 3 courses per semester, 14 or more clinical hours weekly)

**Psychoanalytic Licensure Program, Adult Program**

\_\_\_\_\_ Full-time Program (3 courses per semester and 8 clinical hours per week) **(unavailable for now)**

\_\_\_\_\_ Part-time Program (1 or 2 courses per semester and 5 clinical hours per week)

\_\_\_\_\_ Earn and Learn Program: (1, 2, or 3 courses per semester, 14 or more clinical hours weekly) **(unavailable for now)**

\_\_\_\_\_ Non-matriculated coursework: Adult Program (coursework only)

**Clinical Training in Child & Adolescent Psychotherapy**

\_\_\_\_\_ Clinical Training in Child & Adolescent Psychotherapy (2 courses per semester, 5 clinical hours weekly)

\_\_\_\_\_ Earn and Learn Clinical Training in Child & Adolescent Psychotherapy LCSW Track (2 courses per semester, 14 clinical hours weekly for two years followed by individual and group supervision and a minimum of one course per semester in the Adult Program and 14 clinical hours weekly until the hours for the LCSW have been accrued.)

\_\_\_\_\_ Non-matriculated coursework: Child & Adolescent Program (course work only)

Please check one:

I am applying for the Fall semester \_\_\_\_\_ Year \_\_\_\_\_

Spring semester \_\_\_\_\_ Year \_\_\_\_\_

**Current Employment:**

Position \_\_\_\_\_

Name of Employer \_\_\_\_\_

Address \_\_\_\_\_

**Personal Psychotherapy/Psychoanalysis: (List current or most recent therapy)**

Name of Therapist/Analyst \_\_\_\_\_

Therapist's Affiliation(s) if known \_\_\_\_\_

Dates of Treatment: from \_\_\_\_\_ to \_\_\_\_\_

Frequency of Sessions \_\_\_\_\_

Please list all previous personal therapy/analysis:

Name of Therapist/Analyst \_\_\_\_\_

Therapist's Affiliation(s) if known \_\_\_\_\_

Dates of Treatment: from \_\_\_\_\_ to \_\_\_\_\_

Frequency of Sessions \_\_\_\_\_

Name of Therapist/Analyst \_\_\_\_\_

Therapist's Affiliation(s) if known: \_\_\_\_\_

Dates of Treatment: from \_\_\_\_\_ to \_\_\_\_\_

Frequency of Sessions \_\_\_\_\_

How did you learn about MITPP? \_\_\_\_\_

**Please include:**

- o MITPP Application for Training.
- o \$50.00 non-refundable application fee.
- o An up-to-date curriculum vita (resume).

## **PAYMENT OPTIONS**

### **PLEASE USE ONE OF THE ELECTRONIC PAYMENT OPTIONS BELOW.**

If you are unable to pay the application fee electronically, please contact MITPP at [info@mitpp.org](mailto:info@mitpp.org) to make other arrangements.

- **Zelle** – You may use Zelle through your bank or download the Zelle app and follow the instructions. Zelle will not accept credit or debit cards. Payment should be made to: [info@mitpp.org](mailto:info@mitpp.org)
- **Chase QuickPay with Zelle** – Access through the Chase app.
- **GooglePay** – Debit Card only
  - Open the Google Pay App on a mobile device.
  - Select Pay
  - Pay Friend or Group
  - Enter [info@mitpp.org](mailto:info@mitpp.org) as the email address to receive the payment.
  - Enter your debit card number.

NOTE: Two letters of reference on letterhead from current or former supervisors, teachers, administrators or other such professionals who have overseen/supervised your work must be forwarded to MITPP by the writer on your behalf. Reference letters from colleagues cannot be accepted. References should be emailed to [info@mitpp.org](mailto:info@mitpp.org) directly by the writers.