

THE INSTITUTE OF CONTEMPORARY PSYCHOTHERAPY & PSYCHOANALYSIS

4601 Connecticut Avenue, NW, Suite 8 • Washington, DC 20008
Phone (202) 686-9300 • Fax (202) 232-2565 • icpeastadmin@att.net



Application Form
Psychotherapy Training Program

Please type or print legibly and email, fax, or mail to the above address along with \$50 application fee.

COORDINATES

Name: _____

Date of Birth: _____

Home Address: _____

Home Phone: _____

Email: _____

Fax: _____

Business Address: _____

Business Phone: _____

Preferred mailing address: Work _____ Home _____

Current License (please copy and attach to this application):* _____

Current Malpractice Insurance Coverage (please copy and attach to this application):** _____

**Pastoral counselors working exclusively within their religious institutions, or PhD psychologists with provisional licensure may indicate those practices. Otherwise, an LGSW, LPC, or other equivalent license must be established by any MIT seeking LCSW or PhD licensure while in the program.*

***Individual malpractice insurance must be current except if working exclusively through another agency's or institution's. No ICP&P supervisor may cover an MIT for malpractice.*

EDUCATION

College/University	Major	# of Credits	Degree	Date of Graduation
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MENTAL HEALTH TRAINING (Internships, Residencies, Institutes, etc.)

Institution	Course/Programs	Dates	Supervisors
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CLINICAL EXPERIENCE (include training & professional experiences, listing most current first & dates)

Dates	Client Age Range	Treatment Modality	Setting Hospital/Clinic	Hours per Week	Supervision Type: Individual, Peer, Group (etc.) and Frequency
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OTHER PROFESSIONAL ACTIVITIES (eg research, teaching, community work, writing, etc.)

PERSONAL PSYCHOTHERAPEUTIC AND/OR PSYCHOANALYTIC EXPERIENCE List below the type of psychotherapy (individual, family, group), the therapist's name(s) and theoretical orientation(s), when, how often, and how long. Attach additional page if needed.

You may scan this application and email to Faith Lewis, Chair, Psychotherapy Training Program at faithlewis@gmail.com or mail it to ICP&P, 4601 Connecticut Avenue NW, Suite 8, Washington, DC 20008 or fax to (202) 232-2565.

Questions? Please call Faith Lewis – Chair, Psychotherapy Training Program at 202-409-6835, Monica Callahan – Recruitment Coordinator at 301-587-6211 or Lauren Brandt, Assistant Chair at 703-533-0380.

REFERENCES

1) Please cite one mentor or colleague who might be familiar with ICP &P and would support your participation in the Psychotherapy Training Program?

Name.....

Phone.....

E-mail.....

2) Please cite another supervisor or faculty or mentor familiar with your work, who would recommend your participation in the Psychotherapy Training Program?

Name.....

Phone.....

E-mail.....