

The Training Division of

*NEWPORT CENTER FOR PSYCHOANALYTIC STUDIES*

Non Profit Public Benefit Corporation

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Administrative Office and Tustin Campus: 250 W. Main Street, Suite 202, Tustin, CA 92780 • (714) 505-9080 • Fax (714) 505-9465  
Pasadena Satellite: 595 E. Colorado Blvd., Suite 318, Pasadena, CA 91101  
[admin@npi.edu](mailto:admin@npi.edu) • [www.npi.edu](http://www.npi.edu)

Dear Prospective Student,

We at the Newport Psychoanalytic Institute are very pleased that you have expressed an interest in making a formal application to our Institute. You are taking a profound step towards broadening and deepening your understanding of the human experience. Through psychoanalytic training, you afford yourself the opportunity to greatly enhance your work. We are excited that you are embarking upon what we believe is a remarkable process.

Please complete the application and forms provided to begin the application process as instructed so that your registration process will proceed smoothly. Please return the completed application to the Tustin Campus address. Letters of recommendation should be sent directly to the Tustin Campus address.

If you have any further questions about the Institute programs or application procedure feel free to call our Administrative Office at the phone number listed above. Once again, we welcome you to this exciting new experience and challenge, and we wish you great success in your endeavors.

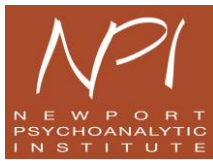
Sincerely yours,

A handwritten signature in cursive script that reads "Leslie Stone, Psy.D., LCSW".

Leslie Stone, Psy.D.  
Dean

NPI's programs admit qualified applicants and do not discriminate on the basis of race, color, gender, sexual orientation, religion, age, handicap, or national or ethnic origin.

2/22/18



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**APPLICATION FOR ADMISSION – PLEASE RETURN TO TUSTIN**

**Please indicate which program(s) you are applying to:**

- Certificate in Psychoanalysis
- 1 Year Certificate in Psychodynamic Psychotherapy
- 1 Year Psychoanalytic Couples Therapy
- Research Psychoanalyst Registration

**Name:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Home Phone:** (     ) \_\_\_\_\_

\_\_\_\_\_

**Office Phone:** (     ) \_\_\_\_\_

**Office Address:** \_\_\_\_\_

**Fax #:** (     ) \_\_\_\_\_

\_\_\_\_\_

**Mailing address: Home or Office? (please circle)**

**Email:** \_\_\_\_\_

**California License or Registration:** \_\_\_\_\_

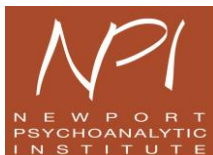
**Date you began receiving monetary compensation as a clinician:** \_\_\_\_\_

**Social Security number:** \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

**Have you ever:**

- |  |   |   |
|--|---|---|
| 1. Been denied or asked to resign membership with another institute?       | Y | N |
| 2. Been a subject of a malpractice lawsuit?                                | Y | N |
| 3. Had a grievance filed against your license?                             | Y | N |
| 4. Had an ethics grievance been filled with your professional association? | Y | N |

**If you have answered yes to any of the above questions, please provide an explanation on back.**



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## CERTIFICATE OF UNDERSTANDING

As a condition to admittance and participation in educational classes, programs and related activities sponsored by the Newport Psychoanalytic Institute, the undersigned certifies as follows:

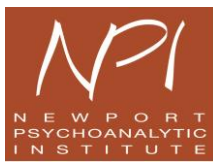
1. That I am legally and ethically qualified to practice psychotherapy in the State of California under the following license number:

\_\_\_\_\_ Expiration date: \_\_\_\_\_

2. That throughout the terms of my participation at the Institute, I will retain professional liability and general office liability coverage reasonably acceptable to the Institute. I will provide the Institute with copies of the policy face sheets. I will notify the Institute and provide documentation should that status change.
3. That I will indemnify and hold the Institute, its faculty, staff, consultants, officers and directors harmless from all claims, suits and liabilities arising out of my conduct, both at the Institute and away.
4. That I understand and agree that participation in the classes, programs and/or related activities of the Institute does not guarantee my qualification for certification, licensure or registration in any professional or state organization or capacity.

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_



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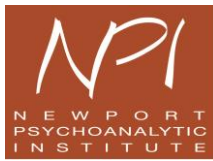
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## APPLICATION REQUIREMENTS

**Applicants to all programs are required to submit the following:**

1. Photocopy of professional license. (Applicants practicing under another's license must provide a copy of that license and a letter from that license holder authorizing participation in the Institute Program.)
2. Photocopy of face sheet of current Malpractice Insurance Policy.
3. Three letters of recommendation to be sent to directly to the Institute. (Use Institute forms provided with application packet.)
4. Signed Certificate of Understanding.
5. Official copy of graduate transcripts. (Request forms included in application packet.)
6. Autobiography.
  - This is an opportunity for you to tell your story. Please take a minimum of 3-4 double spaced pages to reflect on the life experiences and the psychological development that has brought you to this moment of making application to a psychoanalytic institute.
  - Your autobiography will be read before your first interview with the Director of Admissions to help her/him get to know you.
7. Professional Vitae (to include the following):
  - Clinical training and work experience.
    - Setting
    - Population
    - Individual Responsibility
    - Supervision received (include all internships)
  - Current employment (Please include place of work, the nature and description of your position).
  - Other professional interests and activities (i.e. research teaching, community work and publications).
8. **A \$150.00 non-refundable application fee by JUNE 1; \$200 after JUNE 1**



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## **REQUEST FOR OFFICIAL TRANSCRIPT OF GRADUATE STUDIES**

Date: \_\_\_\_\_

Student requesting transcripts: \_\_\_\_\_

Student signature \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Name of Graduate School: \_\_\_\_\_

Address of school: \_\_\_\_\_

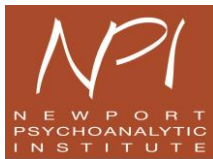
\_\_\_\_\_

\_\_\_\_\_

Dates attended: \_\_\_\_\_

PLEASE SEND AN OFFICIAL COPY OF MY GRADUATE SCHOOL TRANSCRIPTS TO:

Admissions Office  
Newport Psychoanalytic Institute  
250 W. Main Street, Suite 202  
Tustin, CA 92780



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**LETTER OF RECOMMENDATION – Please return to the Tustin Office**

Date: \_\_\_\_\_ Evaluator: \_\_\_\_\_

Position: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

\_\_\_\_\_ has applied to our Institute for admission to the following program(s):

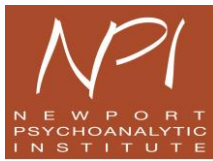
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- \_\_\_\_\_ 1 year Certificate in Psychodynamic Psychotherapy
- \_\_\_\_\_ 1 Year Psychoanalytic Couples Therapy

and requests that you provide a professional recommendation. Please return this form, or a letter if you prefer, directly to our Institute at the above address.

In what capacity and for how long have you known the applicant? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How would you rate this person’s overall suitability for the program indicated above and upon what observations do you base your evaluation?

\_\_\_\_\_  
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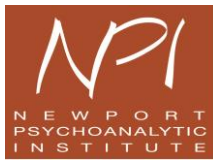
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