



# the harlem family institute

a multicultural psychoanalytic training institute

PROVISIONALLY CHARTERED BY THE BOARD OF REGENTS OF THE UNIVERSITY OF THE STATE OF NEW YORK

## Application for:

- Program in Psychoanalysis
- Licensure-Qualifying Program in Psychoanalysis
- Program in Child & Adolescent Psychoanalytic Psychotherapy
- Psychology Internship Program
- Clinical-Experience Program for Limited-Permit Holders

Applications and supporting material, including (i) your resume, (ii) three letters of reference, (iii) your autobiographical essay and (iv) master's transcript (direct from your school), must generally be received by May 31 for you to be considered for training in September. If this date has passed, please contact the Institute. Enclose a non-refundable \$75 application fee payable to HFI, and mail the application to:

Attention: Training Committee  
The Harlem Family Institute  
2 Riverside Drive #5D  
New York, NY 10023-2526

Email: [info@harlemfamilyinstitute.org](mailto:info@harlemfamilyinstitute.org). Phone: Michael Connolly: 212-920-7965, Option 9.

Name (block letters): First \_\_\_\_\_ Last \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phones: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Indicate which training program you are applying for:

- Program in Psychoanalysis *—for licensed applicants only*
- Licensure-Qualifying Program in Psychoanalysis *—for unlicensed or licensed applicants*
- Program in Child & Adolescent Psychoanalytic Psychotherapy *—for licensed applicants only*
- Psychology Internship Program *—for students in graduate psychology programs only*
- Clinical-Experience Program *—for NY State limited-permit holders only*

Current occupation/s and how long you have been so employed:

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Names of institutions of higher education attended with degrees granted and dates of attendance. Please have college and graduate schools send your transcripts to the Institute.

NAME OF INSTITUTION

DEGREE/S

DATES ATTENDED

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List all licenses, certifications or Board accreditations:

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Professional affiliations and memberships:

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Publications and professional presentations:

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Director/s of any field work in graduate school:

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Supervisor/s at work placement (name, address, phone number and email address):

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Other Clinical Experience (individual, group, marital therapy, number of years):

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If this work was supervised, list supervisors' names, addresses, phone numbers and email addresses:

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Personal analysis or therapy experience (include name and address of analyst/s, dates started / ended):

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List the names, addresses, phone numbers and email addresses of three professional references. Please contact them and ask them to write to us on your behalf:

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How did you learn of the Harlem Family Institute?

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Attach a brief autobiographical essay telling us about yourself, your childhood, your formative experiences, your life since. Include why you think you would make a good psychoanalyst to help children, adolescents and adults, and why you want to train and / or gain clinical experience at the Harlem Family Institute.

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

**Remember to: (i) include the nonrefundable \$75 application fee payable to the Institute, (ii) have three letters of reference sent direct to the Institute, and (iii) have your graduate school send your master’s transcript direct to the Institute.**

(Last updated 5-18-2020)