



Dear Applicant,

We want to thank you for your interest in the Los Angeles Institute and Society for Psychoanalytic Studies (LAISPS). Enclosed please find the Application for Admission. Please note that we require our applicants to possess a valid California license to practice or to be license-eligible.

In addition to completion of Application for Admission, please attach or arrange to send the following:

- Copies of License and Proof of Malpractice Insurance
- Graduate Transcripts
- References (at least three)
- Autobiography
- Application fee payable to LAISPS for \$125.00

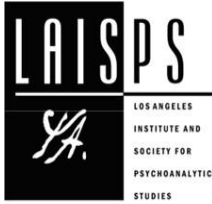
The Application procedure consists of three interviews. The first and third are general interviews. At the second interview you will be expected to present a clinical case.

Your completed application must be received by June 1st in order for you to be considered for the following Fall admission. On occasion, under unusual circumstances, this deadline might be extended.

Again, thank you for your interest in applying to Los Angeles Institute and Society for Psychoanalytic Studies. If you have any questions, please contact Dr. Susan Jay, Admissions Chair, at (310) 479-8204 or susanjay2012@gmail.com

Sincerely,

Susan Jay, Ph.D.
Chair, Admissions Committee
and
Lisa Halotek, Psy.D.
Dean of Institute



THE LOS ANGELES INSTITUTE AND SOCIETY FOR PSYCHOANALYTIC STUDIES
A COMPONENT SOCIETY OF THE INTERNATIONAL PSYCHOANALYTICAL ASSOCIATION
12011 SAN VICENTE BOULEVARD, SUITE 520, LOS ANGELES, CA 90049

PHONE: 310.440.0333

WEBSITE: www.laisps.org

E-MAIL: admin@laisps.org

This logo is derived from a manuscript of Freud's and is the method commonly used to abbreviate psychoanalysis

APPLICATION FOR ADMISSION

DATE OF APPLICATION: _____

LAST NAME FIRST NAME MIDDLE

HOME: _____
STREET CITY AND STATE ZIP

PHONE (HOME) _____ EMAIL _____

OFFICE: _____
STREET CITY AND STATE ZIP

PHONE (OFFICE) _____ FAX _____

PREFERRED MAILING ADDRESS: HOME OFFICE

DATE OF BIRTH _____ PLACE OF BIRTH _____ TYPE OF LICENSE _____

YEARS LICENSED: _____ CALIF # _____ OTHER LICENSE _____:

LICENSE ELIGIBLE ? (PLEASE SPECIFY EXAM DATE): _____

PLEASE INCLUDE COPIES OF CURRENT LICENSE AND PROOF OF MALPRACTICE INSURANCE WITH THIS APPLICATION

EDUCATION (Indicate all college, graduate and professional education. Transcripts of your post-baccalaureate training must be forwarded to the above office.)

NAME OF INSTITUTION LOCATION ATTENDED FROM TO DEGREE OR DIPLOMA DATE CONFERRED

PROFESSIONAL AND CLINICAL EXPERIENCE (List all experience in order, starting with most recent.)

POSITION ORGANIZATION AND LOCATION TYPE OF EXPERIENCE HOURS/WEEK DATES: FROM / TO

PUBLICATIONS AND RESEARCH (List complete bibliography)

REFERENCES Please list: persons responsible for graduate education program; persons supervising or administering work listed under professional experience; and supervisors of psychotherapy. Indicate hours of supervision after supervisor's name and address. Please request that at least three of the references forward letters of recommendation to the Institute. Applicant agrees that LAISPS may request from any of those listed below.

Name	Address/City/State/Zip	Phone number	Email Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PERSONAL PSYCHOANALYSIS

Are you now or have you been in analysis? YES (If yes, complete the following) NO

NAME OF ANALYST _____

ADDRESS _____

DATE BEGAN _____ DATE TERMINATED _____ HOURS PER WEEK _____ TOTAL HOURS _____

THEORETICAL ORIENTATION OF ANALYST _____

PREVIOUS PSYCHOTHERAPY

List psychotherapist's name(s), theoretical orientation(s), dates, frequency, and total number of hours

ETHICS AND LICENSE

Have you ever been charged with an ethics violation, a criminal offense, or a civil complaint of a professional nature?

YES NO

Has your license ever been suspended, revoked or limited?

YES NO

Have your professional privileges ever been limited or denied, or have you been censured by a professional organization?

YES NO

IF YOUR ANSWER TO ANY OF THE ABOVE QUESTIONS IS YES, PLEASE ATTACH AN EXPLANATION.

AUTOBIOGRAPHY

ON SEPARATE SHEETS, PLEASE WRITE A COMPLETE AUTOBIOGRAPHY INCLUDING YOUR INTEREST IN PSYCHOANALYSIS AND PLANS FOR THE FUTURE.

THE AUTOBIOGRAPHY SHOULD INCLUDE A NARRATIVE OF ONE’S PERSONAL HISTORY AND PROFESSIONAL DEVELOPMENT. IT IS AN OPPORTUNITY TO LET THE ADMISSIONS COMMITTEE KNOW WHO YOU ARE AS A PERSON AND WHAT HAS LED YOU TO APPLY FOR PSYCHOANALYTIC TRAINING.

ADDITIONAL COMMENTS

POLICIES OF LAISPS

If accepted to the Training Program at LAISPS,

1. I understand that candidates are accepted with the expectation that they will develop the necessary skills to master psychoanalytic concepts and conduct clinical analyses. This implies that they possess or can acquire these skills through training. I understand that my progression through the program will be continually assessed by the Education Committee at LAISPS. This assessment includes review of course evaluations and supervision reports. I agree that final decisions regarding my progression ultimately rest in the discretion of the Institute and its authorized Committees.

2. I understand that all Policies and Procedures of LAISPS, including, but not limited to, Admission and Grievance Procedures, are documented in the HANDBOOK, which is updated annually. I acknowledge that I will receive a hardcopy of the latest HANDBOOK or a link to an on-line copy thereof, will read relevant sections thereof, and will accept all requirements of the LAISPS training program described therein, including but not limited to Admission, Progression, and Grievance Procedures.

Signature

Date

Print Name

CONDITIONS OF CANDIDACY AND RELEASE AND HOLD HARMLESS STATEMENT

1. I agree not to represent myself as a psychoanalyst until I complete the Training Program and receive a Certificate in Psychoanalysis from the Los Angeles Institute and Society for Psychoanalytic Studies (LAISPS).
2. I agree to abide by the Ethical Principles of Psychologists and Code of Conduct (effective 6/1/10) derived from the American Psychological Association.
3. I agree, if requested, to cooperate with LAISPS, its officers, agents and members and/or Ethics Committee in the investigation of any concerns or complaints of impairment or unethical or unprofessional conduct alleged against me. I further agree to release, hold harmless and indemnify LAISPS, its officers, agents and members and/or Ethics Committee from: 1) any and all claims arising out of the initiation and processing of investigations of any such concerns; 2) rejection of my application; 3) discontinuance of my training after it has commenced.
4. I agree to report any personal felony convictions and/or licensing, professional membership, or affiliation problems that occur while I am a participant in the LAISPS Training Program.

Signature

Date

Print Name

LAISPS does not discriminate on the basis of the age, race, color, gender, marital status, religion, sexual orientation, or national or ethnic origin in the administration of its educational policies, admissions policies, scholarships, and other school-administered programs. LAISPS has a policy of non-discrimination for persons with disabilities otherwise qualified in accordance with California and Federal Law.

COMPLETED APPLICATION SHOULD BE MAILED TO

ADMISSIONS COMMITTEE

LOS ANGELES INSTITUTE AND SOCIETY FOR PSYCHOANALYTIC STUDIES

12011 San Vicente Blvd., Suite 520

Los Angeles, CA 90049