



Dear Interested Professional,

We at the Newport Psychoanalytic Institute are very pleased that you have expressed an interest in the programs offered at our Institute.

NPI is a small psychoanalytic training institute. We welcome and respect psychoanalytic thinking from all traditions of psychoanalysis; each has important contributions to make in our clinical thinking and working. Through small classes we strive to offer rigorous theory and honest, confidential understanding of the work and dilemmas of this “impossible profession.”

I am sending you information on each of our one year psychoanalytic psychotherapy training programs, as well as a broad overview of training to be a psychoanalyst at NPI.

We are offering the following one year Psychoanalytic Psychotherapy Programs [PPP] in 2023-2024:

- PPP: Adults
- PPP: Couples
- PPP: Infants, Children and Adolescents

We believe that in working psychoanalytically, you are taking a profound step toward broadening and deepening your understanding of the human experience. We hope these programs offer a remarkable and meaningful process for you. We design our programs to enhance your clinical knowledge and thinking as well as to support your own development.

If you have any further questions about the Institute programs or application procedure, feel free to call our Administrative Office: 714 505-9080 or e- mail us at admin@npi.edu.

Once again, we welcome your inquiry into NPI.

Sincerely yours,

Robin Goldberg, PhD, PsyD, RP
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.



APPLICATION FOR ADMISSION
Psychoanalytic Psychotherapy Programs

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

- 1 Year - Psychoanalytic Psychotherapy Program: Adults
- 1 Year - Psychoanalytic Psychotherapy Program: Couples
- 1 Year - Psychoanalytic Psychotherapy Program: Infants, Children and Adolescents

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: _____

Social Security number: _____ - _____ - _____

Date you began receiving monetary compensation as a clinician: _____

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 below:



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: _____



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. Two letters of recommendation to be sent to directly to the Institute. (Use Institute forms provided with application packet.)
4. Signed Certificate of Understanding.
5. 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.
6. 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).
7. **A \$150.00 non-refundable application fee by **AUGUST 31, 2023; \$200 after AUGUST 31, 2023****

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



LETTER OF RECOMMENDATION

Date: _____ Name of Reference: _____

Position: _____

Daytime Phone: _____

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

- _____ 1 Year - Psychoanalytic Psychotherapy Program: Adults
- _____ 1 Year - Psychoanalytic Psychotherapy Program: Couples
- _____ 1 Year - Psychoanalytic Psychotherapy Program: Infants, Children and Adolescents

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

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?

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



LETTER OF RECOMMENDATION

Date: _____ Name of Reference: _____

Position: _____

Daytime Phone: _____

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

- _____ 1 Year - Psychoanalytic Psychotherapy Program: Adults
- _____ 1 Year - Psychoanalytic Psychotherapy Program: Couples
- _____ 1 Year - Psychoanalytic Psychotherapy Program: Infants, Children and Adolescents

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?

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