



Dear Prospective Candidate,

We at the Newport Psychoanalytic Institute are very pleased that you have expressed an interest in making a formal application to our Institute. NPI is a small psychoanalytic training institute that values all traditions of psychoanalysis for their contributions to clinical work. Through small classes, we provide rigorous theory and a confidential space to explore the complexities of the field.

I believe that training as a psychoanalyst is a remarkable and meaningful process. It is my hope that through psychoanalytic training at NPI, you will have the opportunity to greatly enhance your development both professionally and personally.

Please complete the application and forms provided below to begin the application process. You may choose to complete PDF application or the online version that can be processed directly on our website.

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

Once again, we welcome your application to this exciting new experience and challenge.

Sincerely yours,

Cheryl Farole-Roman, Psy.D., LMFT, CGP
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

Please indicate which program you are applying to and sign the corresponding
Certificate of Understanding:

- NPI Certificate in Psychoanalysis Program
 NPI Research Psychoanalyst Registration Program

Full name: _____

Credentials (PhD, PsyD, MFT, etc.) List all that apply: _____

California License or Registration: _____

Are you a licensed psychologist? Yes No

Social Security Number: _____

Providing your SSN is required for compliance with state or federal reporting requirements. Your SSN will be kept strictly confidential and used only for these purposes.

Home Address: _____

Email: _____

Phone: _____

Place of Work: _____

Office Address: _____

Email: _____

Phone: _____

Website: _____

Please indicate your HOME or OFFICE address as **preferred** form of communication with NPI.

Date you began to receive monetary compensation as a clinician: _____

Hours per week 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 filed with your professional association? | Y | N |

If you have answered yes to any of the above, please clarify:

Signature of Applicant: _____

Date: _____

Printed Name: _____



CERTIFICATE IN PSYCHOANALYSIS PROGRAM

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:

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 of Applicant: _____ Date: _____

Printed Name: _____



RESEARCH PSYCHOANALYST REGISTRATION PROGRAM

Certificate of Understanding

As a condition to admittance and participation in educational classes, training requirements, programs and related activities sponsored by the Newport Psychoanalytic Institute as a candidate in the research psychoanalyst program, I, the undersigned certifies as follows:

1. I understand that my admission to NPI is provisional, pending acceptance into the research psychoanalyst program by the Medical Board, Department of Consumer Affairs of the State of California.
2. I understand that upon provisional acceptance by NPI, I will apply to the Medical Board in order to acquire my registration with them.
3. I understand that I may take classes at NPI while waiting for the Medical Board to respond, and if the medical board refuses my application, I may not continue with my training. My classes are non-refundable.
4. Upon receipt of my Research Psychoanalyst Student registration number and associated status, I will notify NPI of my registration number and its expiration date and provide NPI with a copy. I will maintain this registration in good standing throughout my training at NPI.
5. Upon receipt of my Research Psychoanalyst Student registration number, I will retain professional liability and general office liability coverage reasonably acceptable to the Institute upon receipt of my registration. I will provide the Institute with copies of the policy face sheets. I will notify the Institute and provide documentation should that status change.
6. I understand that I will retain this insurance throughout the terms of my participation at the Institute.
7. I understand that as a research psychoanalyst candidate, I am legally and ethically authorized to see patients only under the auspices of the Newport Psychoanalytic Institute and those that they have approved for my supervision. I will only see patients under the guiding rules of the Newport Psychoanalytic Institute.
8. I understand that during the course of my training I must represent myself as a research psychoanalyst student.
9. I understand that I am legally and ethically bound to follow the training rules, practices and additional requirements of NPI and the NPI Training Committee, as a condition of my candidacy as a research psychoanalyst.
10. 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.
11. 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. 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. Use form on next page or third-party transcript request services, not limited to:
 - a. Parchment: <https://www.parchment.com>
 - b. National Student Clearinghouse: <https://www.studentclearinghouse.org>
6. Autobiography
 - a. 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.
 - b. 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):
 - a. Clinical training and work experience
 1. -Setting
 2. -Population
 3. -Individual Responsibility
 4. -Supervision received (include all internships)
 - b. Current employment (Please include place of work, the nature and description of your position)
 - c. Other professional interests and activities (i.e. research teaching, community work and publications)
8. **A \$150.00 non-refundable application fee by June 1**



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
17821 E. 17th Street, Suite 260, Tustin, CA 92780

Or via email to: newportpsychoanalyticinstitute@npi.edu



LETTER OF RECOMMENDATION

Date: _____ Name of Reference: _____

Position: _____

Daytime Phone: _____

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

_____ Certificate in Psychoanalysis _____ Research Psychoanalyst Registration

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?

Kindly return to Admissions office at the email or address below:



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