



Dear Prospective Student,

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

We are offering the following one-year Psychoanalytic Psychotherapy Programs (PPP) in the 2025-26 Academic year:

- 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 email us at admin@npi.edu.

We appreciate your interest in NPI.

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

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

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: _____



PSYCHOANALYTIC PSYCHOTHERAPY PROGRAMS

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: _____



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 directly to the Institute. (Use Institute forms provided with application packet.)
4. Signed Certificate of Understanding
5. 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.
6. 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)
7. **A \$150.00 non-refundable application fee by June 1.**



LETTER OF RECOMMENDATION

Date: _____ Name of Reference: _____

Position: _____

Daytime Phone: _____ Email: _____

_____ 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?

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



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