



NEW CENTER FOR PSYCHOANALYSIS

2014 Sawtelle Boulevard Los Angeles, California 90025
Ph: 310.478.6541 Fx: 310.477.5968 E-mail: info@N-C-P.org

Fall 2009

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Dear Colleague:

We are pleased that you have expressed an interest in our Psychodynamic Psychotherapy Program. Enclosed are printed materials about the Program and an application form.

If you wish to have more information about the Program, feel free to call Dr. Bruce Gainsley at (818) 906-8515. Upon our office receiving your application, properly filled out, Dr. Gainsley or a member of his committee will contact you to arrange an appointment.

Sincerely yours,

Bruce Gainsley

Bruce Gainsley, M.D., Director



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Committee for NCP Program in Psychodynamic Psychotherapy:

Bruce M. Gainsley, M.D., Chair
Thomas Brod, M.D.
Rina Freedman, LCSW
Linda Goodman, Ph.D.
Ethan Grumbach, Ph.D.
Halina Irving, MFT
Marvin Osman, M.D.
Shahzad Siassi, Ph.D.
Lisa Vitti, Ph.D.
Vivien Zighelboim, Ph.D.

Teaching and Supervising Faculty:

Thomas Brod, M.D.
Frank Clayman-Cook, Ph.D.
Susan Cofsky, Ph.D.
Helen Desmond, Ph.D.
Daniel Fast, M.D.
Edward Feldman, M.D.
Rina Freedman, LCSW
Bruce Gainsley, M.D.
James Gooch, M.D.
Ethan Grumbach, Ph.D.
Joan Hellinger, Ph.D.
Robert James, M.D.
Maimon Leavitt, M.D.
Lucia Melito, Ph.D.
Samuel Miles M.D.
Marvin Osman, M.D.
Erna Osterweil, Ph.D.*

James Perkins, M.D.
Jeffrey Prager, Ph.D.
Leo Rangell, M.D.
William Rickles, M.D.
James Rosenblum, M.D.
Wendy Rosenstein, M.D.*
Dahlia Russ, Ph.D.
Shahzad Siassi, Ph.D.
Bettina Soestwohner, Ph.D.
Norman Tabachnick, M.D.
Miriam Tasini, M.D.
Julie Tepper, MFT
J. Mark Thompson, M.D.
Mary Thomsen, Ph.D.
Richard Tuch, M.D.
Louis Weisberg, M.D.
Richard Weiss, Ph.D.

Joel West, M.D.
Sharen Westin, M.D.
Martin Widzer, M.D.



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Application for NCP Program in Psychodynamic Psychotherapy

Application should be accompanied by:

- | |
|---|
| Application fee for \$50
Current Curriculum Vitae
Copy of your professional license in the State of California (if applicable)
Copy of your malpractice insurance coverage (if applicable) |
|---|

Name: _____ Date: _____

Email Address: _____

Check Preferred Mailing Address
(P.O. Boxes are not permitted for either address)

Professional Address: _____ Phone: _____

Home Address: _____ Phone: _____

Date and Place of Birth: _____

Citizenship: _____

Provide Educational background (college or postgraduate with degrees and dates:

Institution	Degree Earned	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____



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Previous and Current Psychotherapy and/or Psychoanalysis received?

To the extent you consider appropriate, please discuss your motivation for and your evaluation of your experience of therapy:

Please list your relevant work experience, beginning with the most recent:

If you are you a currently licensed mental health professional in the State of California, what is your discipline _____ License No. _____

Are you in the process of becoming licensed? _____

At the present time, in what stage of training are you? _____

If you are not a mental health professional, what is your discipline and why are you seeking this education?

Please elaborate your reasons on a separate sheet of paper, if necessary.

Current/Previous Supervision or Consultation:

Supervisor or Consultant	Dates	Frequency	Total # of Mtgs.
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please List Any Teaching Positions:

Please list any membership in scientific / professional societies



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Do you have health limitations which would prevent you from completing this Program?

If so, please explain:

References:

Please provide us with three letters of reference from people who are familiar with your clinical work and can objectively evaluate your qualifications. Please forward references to:

Attn: Dr. Bruce Gainsley
NCP Psychodynamic Psychotherapy
2014 Sawtelle Blvd.
Los Angeles, CA 90025

Indicate your reasons for seeking this education: _____

How did you hear of this program? _____

I understand that my application and progress within this program will be subject to assessment by the instructors and supervisors in the program and I agree to abide by their assessment.

I also understand that this program is not being represented as training for practice in psychoanalysis. This Program specifically is designed to augment existing theoretical knowledge and clinical skills in psychoanalytically-oriented psychotherapy. A certificate will be given upon completion of the requirements of the Program. In no instance will I represent myself as a psychoanalyst or a graduate of the Center's Training Program in Psychoanalysis.

In addition, I understand and agree that consideration of this application by the Center and my participation in the program, (including the awarding of a certificate), is at the sole discretion of the Center, and under no circumstances will the Center, its officers, trustees, faculty, employees, or members be liable to me by reason of any action or inaction in relation thereto.

I also agree to adhere to the "Principles of Ethics for Psychoanalysts" of the American Psychoanalytic Association, and understand that not abiding by these principles could result in termination of my training and association with the New Center for Psychoanalysis.

The New Center for Psychoanalysis admits qualified students, and does not discriminate on the basis of race, color, sex, religion, age, handicap, national or ethnic origin in the administration of any of its educational or admission policies, financial aide programs, and other school-administered programs.

After reading the above, I certify that the above are true and accurate statements.

Date: _____

Signed: _____



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Addendum to Application

Has anyone asserted or filed a claim or lawsuit against you or are you aware of such a situation that you have breached any duty in providing professional care to a patient which would be regarded as a serious reflection of your integrity or moral character?

Yes No

Have you had your license revoked or suspended, been sanctioned by or are being reviewed by any professional ethics body, state licensing board or other regulatory board?

Yes No

Have you ever been convicted of a criminal offense?

Yes No

Have you ever had your membership in any professional organization refused, suspended or revoked or received any official reprimand from any professional organization?

Yes No

Has any hospital ever restricted, reduced or suspended privileges or involved probation for you?

Yes No

Signature

Date

PLEASE REMEMBER TO INCLUDE WITH YOUR APPLICATION:

- | |
|---|
| <ul style="list-style-type: none"> Application fee for \$50 Current Curriculum Vitae Copy of your professional license in the State of California (if applicable) Copy of your malpractice insurance coverage (if applicable) |
|---|



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**PSYCHODYNAMIC PSYCHOTHERAPY PROGRAM
ENROLLMENT AGREEMENT**

Student Name

Address

City

State

Zip

Successful completion of this program is dependent upon successful completion of the minimum requirements:

Curriculum: One or two years of evening seminars (34 or 68 evenings of seminars) Each evening there will be one seminar on theory as well as a clinical or technique seminar.

Curriculum: One or two years of small group consultations (33 or 66 consultations, two hours each).

ENROLLEE’S RIGHT TO CANCEL

An enrollee has the right to cancel this agreement and obtain a refund by notifying the Director of the Program.

REFUND INFORMATION

The enrollee has a right to a full refund of all charges less the amount of \$50.00 for the registration fee if he/she cancels this agreement prior to or on the first day of instruction. In addition, the enrollee may withdraw from a course after instruction has started and receive a pro rata refund for the unused portion of the tuition and other refundable charges. For example, if the enrollee completes only three weeks of a ten week course and paid \$1000.00, he/she would receive a refund of \$700.00. If the Center cancels or discontinues a course, it will make a full refund of all charges.

FEES AND CHARGES

Tuition and registration fees are payable by semester prior to the beginning of each semester. The enrollee is responsible for the following charges:

Tuition: \$1,000 per semester. This includes all xeroxed assignments as well as seminars and consultation sessions.

Total tuition and registration fees based on enrollment in two years of seminars and other sessions: \$4,000.00

My signature below certifies that I have read, understood, and agreed to my rights and responsibilities, and that the institution’s cancellation and refund policies have been clearly explained to me.

Signature of Student

Date

NATURE OF THIS AGREEMENT:

This agreement is a legally binding instrument when signed by the student and accepted by the school. Your signature on this agreement acknowledges that you have been given reasonable time to read and understand it and that you have been given: (a) a written statement of the refund policy including examples of how it applies and; (b) a catalog including a description of the course of study including all material facts concerning the school and the program which are likely to affect your decision to enroll. Immediately upon signing this agreement, you will be given a copy of it to retain.

NOTICE:

Any Holder of this consumer credit contract is subject to all claims and defense which the debtor would assert against the seller or services obtained pursuant hereto or with the proceeds hereof. Recovery Hereunder by the debtor shall not exceed amounts paid by the debtor hereunder.



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