

# CPPNJ

Center for Psychotherapy and Psychoanalysis of New Jersey

## NJCTTP

The New Jersey Couples Therapy Training Program

A Division of the Center for Psychotherapy and Psychoanalysis of New Jersey

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CPPNJ  
235 Main Street, #184  
Madison, New Jersey 07940

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_ Cell: \_\_\_\_\_

Work Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

E-mail address: \_\_\_\_\_

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Please check the program(s) to which you are applying:

1. \_\_\_\_\_ Psychotherapy and Psychoanalysis
2. \_\_\_\_\_ Couples Therapy Training
3. \_\_\_\_\_ Both

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### EDUCATIONAL BACKGROUND:

Degrees (where obtained, dates): \_\_\_\_\_

Date of License: \_\_\_\_\_ Type of License and Number: \_\_\_\_\_ State: \_\_\_\_\_

**PLEASE NOTE:** Upon granting of candidate status, a photocopy of your license for professional practice in New Jersey and of your private practice insurance must be submitted to the Director of the Institute.

**PROFESSIONAL EXPERIENCE:**

Attach resume, or indicate here in chronological order:

- names of therapeutic centers, clinics, internships, residencies, institutions or agencies
- indicate dates of affiliation and the capacity in which you functioned.

Membership in Professional Societies:

**ARE YOU IN PRIVATE PRACTICE?**

When did you begin practice? \_\_\_\_\_

Number of patients per week: \_\_\_\_\_

Number of hours per week: \_\_\_\_\_

Estimate the total number of patients treated in private, agency or institutional settings: \_\_\_\_\_

If applying to the Couples Therapy Program, please specify how many couples you see per week \_\_\_\_\_, and how many you have seen in total \_\_\_\_\_.

**SUPERVISED CLINICAL EXPERIENCE:**

Give names of supervisors, places of supervision, dates, number of sessions with each supervisor. Please specify which have supervised your work with couples if you are applying to the couples program.

**SPECIAL INTERVENTION MODALITIES:**

Have you had training in special intervention modalities, i.e. group, couples, etc.? If so, please describe:

**SUPERVISORY EXPERIENCE:** Have you ever supervised therapists in psychotherapy?

If so, how many therapists? \_\_\_\_\_

What type of therapy? \_\_\_\_\_

Approximate number of supervisory sessions? \_\_\_\_\_

Where?

Have you ever had a course of instruction in psychotherapeutic supervision? \_\_\_\_\_

Where?

**TEACHING EXPERIENCE:** (courses taught, dates, places)

**PUBLICATIONS:** Have you ever published on psychotherapy? If so, please append list of publications.

**ADDITIONAL RELEVANT EXPERIENCE:**

**PERSONAL PSYCHOANALYSIS OR PSYCHOTHERAPY:**

Please list names and addresses of your analysts and/or therapists with the duration of treatment, dates of treatment, number of sessions per week, and approximate total number of sessions for each.

**ETHICS:** Have you ever been reported to your licensing board, professional association or an institutional review board with an ethical complaint? If you were cleared of charges, you do not have to mention the report. Is there a professional situation of which you are aware that may pose a risk of you being charged with ethical violation? Please submit an explanation if you answered “yes” to any of the above questions.

**PERSONAL STATEMENT:** Please write a brief statement telling us why you are applying to this program, what you hope to gain from it, and include any information which you feel is pertinent to your application which we have not thought to ask. Please tell us how you learned about the program.

**TRANSCRIPT:** If you are not currently licensed as mental health professional for the practice of psychotherapy, please see that a transcript of your graduate and/or professional school record is sent to our office. Applicants for the advanced status must submit transcripts of records from institutes attended. Your application will not be completed until this and your references are on file.

**REFERENCES:** List names and addresses of your two most recent supervisors and one other person with whom you have worked who are willing to sponsor this application. You are responsible for asking them to write us directly regarding your professional ability and integrity.

- 1.
- 2.
- 3.

I have enclosed my \$35.00 application fee made out to CPPNJ.

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Date

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Signature