



## Blanton-Peale Graduate Institute

7 West 30<sup>th</sup> Street, 9<sup>th</sup> Fl.  
New York, New York 10001  
Phone: (212) 725-7850 Ext. 463 or 120  
Fax: (212) 967-4919  
[www.blantonpeale.org](http://www.blantonpeale.org)

### Application for Admission Psychoanalytic Training Program

**Entrance requirements:**

- a) Graduation from an accredited academic institution with a master's degree or its New York State recognized equivalent.
- b) Demonstration of sufficient personal and professional maturity to undertake comprehensive and intensive training in the process of psychoanalytic psychotherapy.
- c) A desire and capacity to integrate psychoanalysis and spirituality in your clinical practice.
- d) Applicants whose first language is not English must demonstrate the ability to work in English in the nuanced, complex setting of psychoanalytic sessions. Scores from the Test of English as a Foreign Language (TOEFL) exam may be requested.

**Please type or print clearly.**

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

Address: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (office) \_\_\_\_\_

Email address: \_\_\_\_\_

How did you hear about Blanton-Peale? \_\_\_\_\_

Do you identify with or have an affiliation with a particular faith group or spiritual perspective? \_\_\_\_\_

**Academic preparation:**

Name of college or graduate school	Degree/certificate	Dates
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**Occupational background:**

Name & address of employer	Position	Dates
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**Training and clinical experience:**

Include quarters of CPE, fieldwork experience, or work in an agency/clinic.

Name & address	Name of supervisor	No. of supervisory hours	Dates
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**Personal therapy:**

Therapist(s)	Type (Individual/Couple/Group)	Dates/Hours
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**Please answer briefly (2-3 pages) on separate sheets.**

(a) How do you expect to use this training?

- (b) Why did you choose the training program at Blanton-Peale?
- (c) Please provide a brief autobiographical sketch. Include your family background, personal history, childhood experiences, and major life transitions.
- (d) Provide a short statement indicating specific occupational and financial resources that will support you during your residency.

**Include the following materials with your application:**

- (a) Official transcripts from all colleges, seminaries, and graduate schools.
- (b) An application fee of \$60. Please make your check payable to Blanton-Peale Institute.
- (c) Clinical supervisory reports; CPE evaluations; field work, clinic, or agency supervisory reports; supervisory reports from other professionals in the mental health field with whom you have worked.
- (d) Two letters of recommendation from professionals who are familiar with your work.
- (e) Financial aid transcripts from other institutions, if applicable.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***If you have any questions, please contact:***

*James M. Holmes, DrPH, LP, NCPsyA  
Director of Training  
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