

# ***BIPACT***

**BROOKHAVEN INSTITUTE FOR PSYCHOANALYSIS  
AND CHRISTIAN THOUGHT  
*APPLICATION FOR ENROLLMENT***

**(please print or type)**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/Zip

Code \_\_\_\_\_

Home Telephone with Area Code \_\_\_\_\_

E-mail

Address \_\_\_\_\_

Professional Address \_\_\_\_\_

City/State/Zip

Code \_\_\_\_\_

Work Telephone with Area Code \_\_\_\_\_

Please indicate preferred mailing address: Home \_\_\_\_\_ Office \_\_\_\_\_

Citizenship \_\_\_\_\_ Social Security Number \_\_\_\_\_

Professional Licensure (type, state,  
date) \_\_\_\_\_

Professional Liability Insurance (name of company, policy number, effective dates) \_\_\_\_\_

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**(Upon acceptance, applicant must send copies of licensure and certificate of liability insurance to the Registrar annually during training.)**

FILL IN AS APPLICABLE:

ACADEMIC TRAINING

Institution, Dates Attended, Degree

Undergraduate \_\_\_\_\_

Graduate \_\_\_\_\_

Postgraduate \_\_\_\_\_

CLINICAL TRAINING

Institution, Name of Program, Position, Dates

Internship \_\_\_\_\_

Residency \_\_\_\_\_

Fellowship \_\_\_\_\_

Other Professional Training (specify) \_\_\_\_\_

BOARD CERTIFICATION (certifying body,  
date) \_\_\_\_\_

PRIVATE PRACTICE

Type of Practice, Location, Hours/Week, Dates

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OTHER PROFESSIONAL WORK EXPERIENCE (beginning with most recent)

Place of

Employment \_\_\_\_\_

Dates \_\_\_\_\_ Hours/Week \_\_\_\_\_

Position \_\_\_\_\_

Nature of Work \_\_\_\_\_ Supervisor \_\_\_\_\_

Place of  
Employment \_\_\_\_\_

Dates \_\_\_\_\_ Hours/Week \_\_\_\_\_

Position \_\_\_\_\_

Nature of Work \_\_\_\_\_ Supervisor \_\_\_\_\_

Place of  
Employment \_\_\_\_\_

Dates \_\_\_\_\_ Hours/Week \_\_\_\_\_

Position \_\_\_\_\_

Nature of Work \_\_\_\_\_ Supervisor \_\_\_\_\_

Place of  
Employment \_\_\_\_\_

Dates \_\_\_\_\_ Hours/Week \_\_\_\_\_

Position \_\_\_\_\_

Nature of Work \_\_\_\_\_ Supervisor \_\_\_\_\_

How many psychotherapy cases are you seeing currently? \_\_\_\_\_

#### OTHER INDEPENDENT SUPERVISION / CONSULTATION

Supervisor/Degree \_\_\_\_\_ Dates \_\_\_\_\_

Psychoanalytic institute graduate (Y/N)? \_\_\_\_\_ Institute? \_\_\_\_\_

Supervisor/Degree \_\_\_\_\_ Dates \_\_\_\_\_

Psychoanalytic institute graduate (Y/N)? \_\_\_\_\_ Institute? \_\_\_\_\_

Supervisor/Degree \_\_\_\_\_ Dates \_\_\_\_\_

Psychoanalytic institute graduate (Y/N)? \_\_\_\_\_ Institute? \_\_\_\_\_

#### ACADEMIC AND HOSPITAL APPOINTMENTS

Institution Position Dates

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PERSONAL PSYCHOTHERAPY (Please do not list therapies of less than 20 sessions)

Psychotherapist/Degree \_\_\_\_\_ Dates \_\_\_\_\_

Frequency of sessions (times/wk) \_\_\_\_\_ Total number of sessions? \_\_\_\_\_

Psychoanalytic institute graduate (Y/N)? \_\_\_\_\_ Institute? \_\_\_\_\_

Psychotherapist/Degree \_\_\_\_\_ Dates \_\_\_\_\_

Frequency of sessions (times/wk) \_\_\_\_\_ Total number of sessions? \_\_\_\_\_

Psychoanalytic institute graduate (Y/N)? \_\_\_\_\_ Institute? \_\_\_\_\_

Psychotherapist/Degree \_\_\_\_\_ Dates \_\_\_\_\_

Frequency of sessions (times/wk) \_\_\_\_\_ Total number of sessions? \_\_\_\_\_

Psychoanalytic institute graduate (Y/N)? \_\_\_\_\_ Institute? \_\_\_\_\_

MEMBERSHIP IN PROFESSIONAL SOCIETIES

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PROFESSIONAL ACTIVITIES (teaching, research, publications, community work – if lengthy, you may substitute your CV, if you wish)

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## REFERENCES

Please arrange to have one ministerial and two professional letters of reference sent to us on your behalf. One should be either the training director at your most recent place of academic or clinical training, or the person to whom you currently report; the other should be one who knows your current work with patients. (If your training was not recent, and if you have not recently had a person to whom you report, you may substitute a second person who knows your work with patients.) Please send to each a copy of the Request for Letter of Reference Form (copies enclosed). Please list the names of each reference below:

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