INSTITUTE FOR CONTEMPORARY PSYCHOTHERAPY
33 West 60th Street – 4th Floor
New York, NY 10023
(212) 333-3444

Dear Colleague,

Thank you for your interest in our Two-Year Psychodynamic Psychotherapy training Program. To apply to the program, please complete the application (found following this letter, below, or on the link, below) and send the following materials to twoyeartrainingpgm@icpnyc.org:

A. A completed applications form
B. A *current* resume
C. Three letters of reference from people familiar with your ***clinical*** work, based on the enclosed Letter of Reference forms. Please send one form to each reference
D. Your official graduate school transcript
E. A form filled out by your therapist, if you are in therapy currently, indicating her/his/their credentials. Your therapist must be approved by the Training Committee; to be approved, your therapist must be a graduate of a recognized training program in psychoanalysis and must have graduated 5 or more years ago

You must also pay a $85 application fee that you submit to:
https://icpnyc.org/applicationfee

Once we have your completed application and ***at least two*** of your references, we can schedule your two interviews. Please complete and return your application as early as possible. **The deadline for receiving your application is end of day June 5, 2026.**

If you wish to have more information, please check our website https://icpnyc.org/training/psychodynamic-psychotherapy/ or contact the Two-Year Program Manager via email at **twoyeartrainingpgm@icpnyc.org**

Sincerely,
Two-Year Program Training Committee

Institute for Contemporary Psychotherapy
33 W 60th Street, New York, N.Y. 10023
Phone: (212) 333-3444 Fax: (212) 333-5444
Email: Twoyeartrainingpgm@icpnyc.org

Application to the Training Program in Psychodynamic Psychotherapy

Name _____

Address_____ **Cell Phone**_____

_____ **Work** _____

Email: _____

Applicant's pronouns: _____

Applicant's preferred name (if different from above): _____

EDUCATIONAL RECORD
(Please have official transcripts sent by all **graduate** schools)

School	Dates Attended	Major Degree	Date Graduated

N.Y.S. License or certificate number_____

Credentials: LMSW, LCSW, MHC, CASAC, PhD, PsyD other: _____

Are you eligible for insurance reimbursement? _____

POSTGRADUATE TRAINING (List courses and training programs – use extra sheet if necessary)

_____

_____

PERSONAL PSYCHOTHERAPY (Most recent *first* -- use additional sheet if needed)

Name of Therapist_____ Dates_____ Hrs/Wk_____

Name of Therapist_____ Dates_____ Hrs/Wk_____

REFERENCES:
List the names and titles of three people who are familiar with your ***clinical*** work / experience. Please ask each to send a letter of recommendation, using the form at the end of this packet.

1._____

2._____

3._____

PROFESSIONAL AFFILIATIONS

_____

_____

_____

ASSIGNMENT AVAILABILITY FOR ICP PATIENTS:
Which days and hours are you available to see patients? List days of the week and available hours for each day. Give as many choices as you can if you know now.

_____

_____

_____

_____

Will you be using: ☐ **private office** ☐ **ICP office**

Signature:_____ Date: _____

MEMORANDUM

Please tell us how you heard about our training program(s).

NOTE: If there was more than one source, please number in order of importance.

Analyst / therapist _____

Co- worker _____

Friend _____

ICP faculty member _____

ICP graduate or current candidate _____

Mailing _____

Open-House brochure _____

Supervisor _____

Website _____

Other (please specify) _____

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To Whom It May Concern:

_____ has applied for admission to the Two-Year Training Program in Psychodynamic Psychotherapy.

One of the requirements for admission to both our training programs is that the applicant's **current** therapist be approved by our Training Committee. As part of the screening process, we need to have some information about your training and experience. **Therapists are accepted if they are graduates of recognized training programs in psychoanalysis, *and* graduated 5 or more years ago.**

Would you please fill out the enclosed form and return it as soon as possible to the attention of ***Program Manager at the above email address***.

Thank you for your time and cooperation.

Sincerely,
Daniella Ortiz

Program Manager
Two-Year Training Program
A Division of the Institute for Contemporary Psychotherapy

Institute for Contemporary Psychotherapy
33 W 60th Street – 4th Floor
New York, New York 10023
(212) 333-3444

Therapist Information Form

NAME OF PROSPECTIVE STUDENT _____

DATES OF TREATMENT _____ FREQUENCY _____

NAME OF ANALYST _____

ADDRESS _____

_____

_____

PHONE _____

Email _____

ANALYST'S DEGREE _____ AREA OF STUDY _____

INSTITUTE FROM WHICH YOU GRADUATED (Please give complete name and address)

_____

_____

_____

CERTIFIED IN _____

YEARS ATTENDED _____ YEAR OF CERTIFICATE _____

Signature _____ *Date* _____

Please return to Program Manager at twoyeartrainingpgm@icpnyc.org.

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2026 LETTER OF REFERENCE

APPLICANT:_____DATE: _____

The person named above has applied for admission to our post-graduate program, which offers training in Psychodynamic Psychotherapy, and your name was given as a reference. Your assistance in acquainting us with this applicant would be most helpful.

Since advanced practice in psychotherapy involves serious responsibilities for human beings in need of various kinds of services, applicants should possess certain essential qualities, such as sincere interest in people, good intelligence, emotional stability, maturity, and good physical health.

Perceptive letters of recommendation are difficult to write and even more difficult to evaluate. Many of the letters we receive are not particularly helpful since they merely praise the applicant and predict future success. ***What we need from you is an emphasis on the unique qualities of this applicant***.

May we have your candid opinion of the applicant's fitness for advanced professional service? Please include in your letter the length and circumstances of your acquaintance with the applicant and your evaluation in the following areas:

a) How did the applicant function with respect to accepting and carrying out job responsibilities?
b) What are the applicant's strengths and limitations?
c) Indicate what unique qualities you feel the applicant possesses that may be assets in the applicant's pursuit of advanced training.
d) What relevant information can you share with us about the applicant that is not likely to be available from other sources?

You can appreciate that a candid reply will help us in our selection process and that a prompt response would be a distinctive favor to the applicant and to us.

Sincerely,

Daniella Ortiz
Two-Year Program Manager

PLEASE MAIL REFERENCE TO:

Two-Year Program Manager
Twoyeartrainingpgm@icpnyc.org