

Application Form for Training in Child Psychotherapy at IPI

Name (Degree) _____

Address _____

Affiliation with IPI _____

Date of graduation from IPI Core program _____

Date of graduation from PCPP (if applicable) _____

If you have not attended the IPI Core program, please describe equivalent training in Object Relations Theory and Practice:

Please verify the following:

- ☐ I am attaching a copy of my clinical license
- ☐ I am attaching a copy of my curriculum vitae
- ☐ I am attaching proof of malpractice insurance
- ☐ I certify that there are no ethical charges against me (active or pending) (or provide details)

Previous training in work with children and adolescents

Courses _____

Internships or student placements _____

Supervision (frequency, hours, and name of supervisor) _____

Current and previous experience in work with children and adolescents

Classroom teaching, nursing, raising children, working in a child clinic, child care, diagnostic evaluations, consultation-liaison, child psychotherapy, family therapy, etc

Authored publications on psychotherapy with children _____

Infant Observation

- ☐ I have done an infant observation and seminar: ___ Hours ___ Name of seminar leader _____
- ☐ I will do infant observation seminar after enrollment

Why I want to do child psychotherapy training _____

- I am attaching three letters of reference from _____ and _____ and _____ at least one of them known to IPI
- I have completed the hours of personal psychotherapy at ____ times a week frequency for ____ months
- You may contact my therapist _____ at _____ to confirm attendance only (IPI is a non-reporting institute)
- I will begin psychotherapy at twice a week with an analytic psychotherapist when I enroll in the program
- I will provide adequate computer processing and bandwidth to support a videoconference platform
- I will use a headset and mute as necessary
- I will encrypt case material and respect the confidentiality of my child patients and their parents
- I agree to abide by all other ethical principles of IPI and my clinical discipline
- I agree to annual tuition of \$2,400 (which includes membership of IPI and access to PEPWEB)
- I prefer to pay tuition by credit card ____ OR I will pay by PAYPAL ____ OR I will pay by check ____
- I want to negotiate an installment payment plan, and agree payment will be complete before graduation
- Attached is my check for \$50 for the application fee.

I certify that the information I have submitted and written on this application is accurate to the best of my knowledge. I authorize the IPI Child Training Program and its Admissions Committee members to contact the references I have given concerning my application.

Name in print _____

Signature _____

Date _____

Mail to Anna Innes, Administrator, IPI, 6612 Kennedy Drive, Chevy Chase MD 20815 or email annainnes@theipi.org or fax 301-951-6335.

IPI does not discriminate on the basis of sex, race, sexual orientation, creed, religion or ethnic origin.
www.theipi.org

