

TFP – NEW YORK  
122 EAST 42<sup>ND</sup> STREET, SUITE 3200  
NEW YORK, NEW YORK 10168

Application for Admission  
Transference-Focused Psychotherapy  
Consultation and Training Groups

Instructions:

1. Please write legibly in ink.
2. Tuition for the course will be made via Paypal in two installments, \$1100 each. The first installment will be due upon acceptance into the course, and earlier than August 31, 2023. The second installment will be due by January 1, 2024.
3. Email a PDF of this application, a copy of proof of active malpractice insurance coverage (in Hebrew/English), a copy of licensure (in Hebrew/English), an updated CV to: Drs. Barry Stern and Yogev Kivity at [bs2137@cumc.columbia.edu](mailto:bs2137@cumc.columbia.edu) & [yogev.kivity@biu.ac.il](mailto:yogev.kivity@biu.ac.il).

Date \_\_\_\_\_

1. Name \_\_\_\_\_ Degree \_\_\_\_\_  
Last First Middle

2. Present Mailing/Office

Address \_\_\_\_\_

\_\_\_\_\_  
City, Zip Code, Country

Telephone \_\_\_\_\_

3. Permanent Home

Address \_\_\_\_\_

\_\_\_\_\_  
City, Zip Code, Country

Telephone \_\_\_\_\_

4. E-mail address \_\_\_\_\_

5. Day, Month, & Year of Birth \_\_\_\_\_ Age \_\_\_\_\_

6. Current Position  
\_\_\_\_\_

7. Medical School/Graduate School \_\_\_\_\_

Year Graduated \_\_\_\_\_

Degree \_\_\_\_\_

8. Residency /Psychology/Social Work Internship \_\_\_\_\_

Year Graduated \_\_\_\_\_

9 Years in Psychotherapy Practice (if applicable) \_\_\_\_\_

Current Hours/Week \_\_\_\_\_

Note! Items #10-13 only apply to individuals who have not yet been in TFP supervision.

10. Please describe your level of experience working with patients with severe personality disorders.

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

11. Please describe your goals for the TFP training.

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\_\_\_\_\_

12. Are you in personal therapy or analysis? Yes \_\_\_\_ No \_\_\_\_

13. Have you previously been in personal therapy or analysis? Yes \_\_\_\_ No \_\_\_\_

**Application checklist:**

1. Complete application

2. Copy of active malpractice insurance (A copy of the face sheet of your insurance policy should contain the necessary information for proof of malpractice coverage).
3. Copy of licensure.
4. An up-to-date CV.