



OBJECT RELATIONS INSTITUTE

for Psychotherapy and Psychoanalysis

A New York State Chartered Educational Institute

Executive Director: Susan Kavaler-Adler, PhD, ABPP, NCPsyA, DLitt
(tel. 212-674-5425; email: DrKavalerAdler@gmail.com)
Chair of Admissions: Audrey Ashendorf, LCSW
(tel. 212-684-2097; e-mail ashendorf@earthlink.net)

Mailing Address: ORI Administrator, 75-15 187 street, Fresh Meadows, NY, 11366-1725
Tel 646-522-0387 * Fax 718-785-3270 * Admin@ORINYC.org

FOUR-YEAR PROGRAM(S) for PSYCHOTHERAPY / PSYCHOANALYSIS

STUDENT APPLICATION FORM

Name: _____

Last, First, Title

Address: _____

#, Street, apt#/ floor

City, State, ZIP Code

_____ / _____

Preferred Telephone / E-mail:

_____ / _____

Present Occupation / Date of Birth:

Educational Background (starting with most recent):

_____ / _____ / _____

Baccalaureate Degree, Major, Year, School

_____/_____/_____

Master's Degree, Major, Year, School (Official Transcript required for admission)

_____/_____/_____

Doctorate Degree, Major, Year, School (Official Transcript required for admission)

Please describe your goals in seeking psychoanalytic training at the ORI:

-

-

-

-

-

Pertinent Life Experience:

-

-

-

Professional Affiliations:

-

-

How did you learn about us?

Signature of Applicant:

Date: _____

NOTE:

*Please submit this completed form and your check for \$65 paid to: ORI, 75-15 187 street, Fresh Meadows, NY, 11366-1725; Attn: Four-Year Program Registration.

*Please note that official transcripts of your Graduate School(s) must be on file with the ORI before your admission to any of the Four-Year Program(s).