

The Jungian Psychoanalytic Association

Application for Admission Fall 2026 (Please print)

NAME:		
DATE OF BIRTH:		
ADDRESS:		
TELEPHONE: Cell:		
EMAIL:		
GRADUATE EDUCATION Institution	Major Area of Study	Degree and Date Received
CLINICAL EXPERIENCE Institution or Agency		Dates (from/to)

CLINICAL SUPERVISION Name and Address of Supervisor(s)	DATES (from/to) # of hours
OCCUPATIONAL EXPERIENCE	DATES (from/to)
OTHER EXPERIENCE	DATES (from/to)

PERSONAL PSYCHOANALYSIS	DATES (from/to)
Name and Address of Analyst(s)	
ESSAY	
• •	e following: what you expect to gain from a
ADDITIONAL INSTRUCTION The following items should accompany your a	application:
A curriculum vitae	
All graduate degree transcripts	
• \$150 application fee, in form of a check n	nade out to the JPA (non-refundable)
If the JPA concludes that it is advisable in a spapplicant to submit additional materials.	pecific case, the JPA may request an
SIGNATURE:	
DATE:/	
Mail application to:	
Director of Admissions, JPA Att: Ilana Storace, MAPCC, LP 105 E34th Street, #192	

New York, NY 10016