

**Application Form for Fall 2025**

**Application fee: \$75**

Providing Post-Graduate Study in the Psychoanalytic Psychotherapies

NAME: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

OFFICE ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ OFFICE PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ HIGHEST DEGREE: \_\_\_\_\_

MENTAL HEALTH DISCIPLINE: \_\_\_\_\_  
(e.g., psychology, psychiatry, social work, psychiatric nurse, other [specify])

LICENSE TYPE & NUMBER: \_\_\_\_\_

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**CURRENT CLINICAL WORK:** Describe your present clinical work (setting, theoretical orientation, number of hours, types of patients seen, etc.). If you do not have a current clinical practice, please tell us how you intend to meet the supervision requirement.

**PERSONAL STATEMENT:** Why are you interested in this Training Program, and why is it important to you at this point in your career? (Up to 500 words).

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**PLEASE INCLUDE THE FOLLOWING WITH YOUR COMPLETED APPLICATION:**

- Your updated CV. It should include at least the following categories of data:
    1. All educational institutions (beyond high school) you have attended. Include name of institution, dates of attendance, degree attained (if any) and major area of specialization
    2. Complete employment record. Include name of institution or setting, title, dates of employment and brief description of position
    3. Published and unpublished articles and books, book reviews, conference presentations and theses or dissertations
    4. Awards, honors, scholarships and/or grants received
    5. All professional affiliations. Include dates of membership
  - Your non-refundable application fee of \$75 (Checks should be made payable to *Vermont Institute for the Psychotherapies*)
  - A copy of your present state license enabling you to practice psychotherapy
  - Professional liability/malpractice insurance certificate
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**If you have any questions concerning the Vermont Institute for the Psychotherapies or the application procedure, you may contact VIP by email at [contact@vipvt.org](mailto:contact@vipvt.org).**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Email to Tamara Bisbee at [tbisbee\\_adelphia1@comcast.net](mailto:tbisbee_adelphia1@comcast.net) or send all application materials to:  
**Vermont Institute for the Psychotherapies**  
c/o Dr. Tamara H. Bisbee, PsyD  
PO Box 357  
Stowe, VT 05672