SAFETY FIRST

States Department of Education.

or property owned or controlled by Adelphi University; and on public property within, or immediately adjacent to plan, timely warnings, fire statistics, missing students, and other matters. The advisory committee on campus safety will provide upon request all campus crime statistics as reported to the United States Department of Education. You may obtain a copy of this report by contacting the Department of Public Safety and Transportation, Levermore Hall lower level, (516) 877-3500, or by accessing this website: administration. adelphi.edu/publicsafety/

The United States Department of Education's website for campus crime statistics is: ope.ed.gov/security

As a reminder, the rear of any Adelphi University ID card provides you with Weather Advisory and Alert numbers to obtain information on any possible delayed openings or school closings. To register Dell MessageOne AlertFind emergency notifications, log on to eCampus (ecampus. adelphi.edu) and click on Dell MessageOne AlertFind.

ACCREDITATION

Colleges and universities are required under federal law to Adelphi University, an independent, comprehensive institution, Adelphi University is committed to extending equal opportunity publish and make available an annual campus security report, which includes, among other information, statistics on campus accepted by the University of the States Association of Colleges and in employment and educational programs and activities accredited by the Middle States Association of Colleges and in employment and educational programs and activities to all qualified individuals and does not discriminate on the crime. The crime statistics for all colleges and universities required to comply with this law are available from the United (215) 684-5000; the New York State Education Department, sexual orientation, ethnicity, national origin, disability, 89 Washington Avenue, Albany, NY 12234, (518) 474- genetic disposition or carrier status, veteran status, status 3852; the Commission on Collegiate Nursing Education, One as a disabled or Vietnam-era veteran, or any other basis Adelphi University's annual security report includes statistics for the previous three years concerning reported crimes that occurred on campus; in certain off-campus buildings

Dupont Circle, NW, Suite 530, Washington, D.C. 20036, [202] 887-6791; the American Speech-Language-Hearing Association, 2200 Research Blvd., Rockville, MD 20850-3289, (800) 638-8255; the Council on Social Work Education, Garabedian, Coordinator of Disability Support Services, Room 1701 Duke Street, Suite 200, Alexandria, VA 22314, (703) 310, University Center, (516) 877-3145; the discrimination and accessible from, the campus. The report also includes 683-8080; the National Council for Accreditation of Teacher coordinator for employee concern pursuant to Section 504 institutional policies concerning campus security, such as policies concerning alcohol and drug use, crime prevention, the reporting of crimes, sexual assault, emergency response

Education (NCATE), 2010 Massachusetts Ave, NW, Suite 500, Washington, D.C. 20036-1023, [202] 466-7496; and the Rehabilitation Act of 1973 and for Title IX concerns is 500, Washington, D.C. 20036-1023, [202] 466-7496; and Labor Account of the Rehabilitation Act of 1973 and for Title IX concerns is 500, Washington, D.C. 20036-1023, [202] 466-7496; and Labor Account of the Rehabilitation Act of 1973 and for Title IX concerns is 500, Washington, D.C. 20036-1023, [202] 466-7496; and Labor Account of the Rehabilitation Act of 1973 and for Title IX concerns is 500, Washington, D.C. 20036-1023, [202] 466-7496; and Labor Account of the Rehabilitation Act of 1973 and for Title IX concerns is 500, Washington, D.C. 20036-1023, [202] 466-7496; and Labor Account of the Rehabilitation Act of 1973 and for Title IX concerns is 500, Washington, D.C. 20036-1023, [202] 466-7496; and Labor Account of the Rehabilitation Act of 1973 and for Title IX concerns is 500, Washington, D.C. 20036-1023, [202] 466-7496; and Labor Account of the Rehabilitation Act of 1973 and for Title IX concerns is 500, Washington, D.C. 20036-1023, [202] 466-7496; and Labor Account of the Rehabilitation Ac Schools of Business, 777 South Harbor Island Blvd., Suite coordinator of Title VII and the Affirmation Action Officer is Lisa 750, Tampa, FL 33602-5730, (813) 769-6500.

EQUAL OPPORTUNITY

S. Araújo, Assistant Vice President for Human Resources and Labor Relations, Room 203, Levermore Hall, (516) 877-3230.



ADELPHI UNIVERSITY

GORDON F. DERNER INSTITUTE OF ADVANCED PSYCHOLOGICAL STUDIES

Postgraduate Programs in Psychoanalysis and Psychotherapy

application for postgraduate admission

Postgraduate Certificate Admissions Information and Application Requirements

Postgraduate application materials should be sent directly to:

Adelphi University Gordon F. Derner Institute of Advanced Psychological Studies Office of Postgraduate Programs 158 Cambridge Avenue Hy Weinberg Center 326 Garden City, NY 11530-0701

It is the applicant's responsibility to ensure that all materials are sent to and received by the Postgraduate Program.

Postgraduate Application Instructions

All items must be sent directly to the Derner Institute (see address above).

- 1 The completed Postgraduate Application for Admission. Include your signature and the date (pages 3–5).
- An application fee of \$50. This fee is not refundable and is not credited on any subsequent bill. Checks or money orders should be made payable to Adelphi University. Adelphi alumni and veterans are not required to pay this fee.
- **3** Official degree-noted transcripts from all graduate colleges and universities previously attended. If you previously attended Adelphi University, the Office of University Admissions can obtain your Adelphi University transcript.
- **4 Letters of reference.** Provide **two letters** of reference with the Applicant's Postgraduate Letter of Reference Form.

Important Numbers

Garden City Campus

General Information 1-800-ADELPHI (Out of area)

(516) 877-3050

Office of University Graduate Admissions

(516) 877-3050

graduateadmissions@adelphi.edu Fax: (516) 877-3244

admissions.adelphi.edu

Student Financial Services

(516) 877-3080

financialservices@adelphi.edu

Fax: (516) 877-3380 ecampus.adelphi.edu/sfs

Registrar

(516) 877-3300

Alice Brown Early Learning Center

(516) 877-3906

Center for Career Development

(516) 877-3130

Gordon F. Derner Institute of **Advanced Psychological Studies**

(516) 877-4800 derner.adelphi.edu

- General Psychology–M.A. (516) 877-4802
- Mental Health Counseling–M.A. (516) 877-4802
- School Psychology–M.A. (516) 877-4743
- Clinical Psychology–Ph.D. (516) 877-4804
- Postgraduate Certificate Programs in Psychoanalysis and Psychotherapy (516) 877-4835

Off-Campus Centers

Hauppauge Center

(631) 300-4350 Manhattan Center

(212) 965-8340

Adelphi Facilities/Services

Adelphi University is committed to your well-being, growth, and success. A wide range of services, programs, and activities are available, including:

- Adelphi sponsors a cultural events series each semester that features lectures, art exhibits, and musical and dramatic performances.
- The Adelphi University Performing Arts Center (AU PAC) provides Adelphi with dance, theatre, and music productions in five performance venues, including the venerable 315-seat Olmsted Theatre and the 500-seat Concert Hall. The 53,000-square-foot AU PAC also houses rehearsal spaces and classrooms for the Departments of Dance, Music, and Theatre.
- Swirbul Library has a comprehensive collection of nearly 594,000 volumes, 807,000 items in microformat, 33,000 audiovisual items, and more than 30,000 electronic journal titles.
- The Alice Brown Early Learning Center provides daytime childcare services, Monday through Friday, at the Garden City campus to children ages 18 months through kindergarten, while students attend classes.
- The Center for Career Development educates students in the skills you will use for a lifetime as you select, enter, change, or advance in your career.
- The Office of Disability Support Services provides cost-free assistance to Adelphi students with documented physical, learning, or psychological disabilities to ensure equal access to the University's programs.
- The Student Counseling Center offers a variety of services, including individual and group therapy, consultation and assessment, crisis intervention, and referrals to both on-campus and off-campus resources.

- The Center for Psychological Services offers psychotherapy and psychological testing to students, staff, and the surrounding community.
- The Health Services Center provides high quality healthcare and health education to the University community. Registered nurses are available 24 hours a day, seven days a week.
- The Office of International Student Services, which is located in the Ruth S. Harley University Center, assists international students in meeting legal requirements for entry into the United States and in maintaining legal status while pursuing full-time study at the University.
- As a private, nonsectarian university, Adelphi does not promulgate any particular religious belief. The Interfaith **Center** provides a campus ministry to suit your individual needs through spiritual guidance, counseling, educational programs, social events, and opportunities for worship.
- The Center for Student Involvement (CSI) supports cocurricular education as a vital component of the college experience. It serves as a resource for more than 80 clubs and organizations, and also formulates policies and procedures for planning on-campus events. The Diversity and Multicultural Programs unit, under the CSI umbrella, provides opportunities to enhance the awareness and appreciation of diversity, social justice issues, and the concerns of traditionally underserved populations.

Colleges and Schools of the University

- College of Arts and Sciences
- Gordon F. Derner Institute of Advanced Psychological Studies
- Honors College
- Ruth S. Ammon School of Education
- School of Business
- School of Nursing
- School of Social Work
- University College

Graduate Degrees

- Doctor of Arts (D.A.)
- Doctor of Audiology (Au.D.)
- Doctor of Philosophy (Ph.D.)
- Doctor of Philosophy in Social Work (Ph.D.)
- Master of Arts (M.A.)
- Master of Business Administration (M.B.A.)
- Master of Fine Arts (M.F.A.)
- Master of Science (M.S.)
- Master of Social Work (M.S.W.)
- Advanced Certificates

4. Additional Comments (Please submit a typewritten narrative)

As the writer of this narrative, you are required to give a frank assessment of the applicant. The Committee on Admissions seeks your opinion regarding the applicant's character and personality and your judgment regarding the candidate's ability to master advanced study in his or her chosen field. Please respond to the following where applicable:

- Length and nature of your relationship with the applicant
- Information not likely to be available from other sources
- Applicant's unique abilities, strengths, and limitations
- Special personal qualities, capacities, and interests that distinguish this applicant from others

Name (please print)	
Position	
Address	
Date	

Do not return this form to the applicant.

Please return this form and your typewritten narrative directly to the address listed.

Adelphi University is committed to extending equal educational opportunity to all who qualify academically.

Please return directly to: Adelphi University Gordon F. Derner Institute of Advanced Psychological Studies Office of Postgraduate Programs 158 Cambridge Avenue Hy Weinberg Center 326 Garden City, NY 11530-0701



GORDON F. DERNER
INSTITUTE OF ADVANCED PSYCHOLOGICAL STUDIES

Personal Data (Please type or print clearly.)		
71 1 77		Social Security Number*
Mr. Mrs. Miss Ms.		
(Last) (First)	(Middle)	* Your Social Security Number will be used by the Office of University Graduate Admissions for identification purposes only. The Social
☐ Male ☐ Female Date of Birth ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	(Yr)	Security Number is used to ensure the proper identification of transcripts and other application materials that may arrive under a married or changed name.
Other name(s) that have been used on transcripts		
Street Address		Apt., if applicable
City/Town	_ State	ZIP
Home Phone	Work Phone _	
Cell Phone	_ Email	
What is your country of citizenship? Are you a citizen of the United States? Yes No If no, are If you are a permanent resident, please indicate your Resident Alien N If you are a permanent resident, you must enclose a photocopy of your Alie How long have you lived in the United States?	you a permanent resi Jumber en Registration Form u	ident of the United States?
Have you ever been convicted of, or pled guilty or no contest to a felo prevent admission, but any omission or falsification is grounds for der	ony or misdemeanor o	charge? (An affirmative response will not automatically
☐ Yes ☐ No If yes, provide an explanation		
Classification		
Semester applied for		
Have you previously applied to Adelphi? Yes No		
If yes, please specify whether for undergraduate, graduate, or postgrad	nate study	

Race and Ethnicity

Colleges and universities are asked by many, including the federal government, accrediting associations, college guides, newspapers, and our own college/university communities, to describe the racial/ethnic backgrounds of our students and employees. In order to respond to these requests, we ask you to answer the following questions. Responses to the questions in this section are voluntary, and the information will be kept confidential. Refusal to provide this information will not subject the applicants to any adverse treatment. The following items are optional. No information that you provide will be used in a discriminatory manner. ☐ No **Ethnic Origin:** Do you consider yourself Hispanic, Latino, or of Spanish origin? If you wish to identify yourself with a particular racial group, please check all that apply: ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White Program of Study Please indicate the program to which you are applying by checking the appropriate box. All programs are held in Garden City unless otherwise noted. Postgraduate Advanced Certificate Programs □ DPP Psychoanalysis and Psychotherapy—Four Year Child, Adolescent, and Family Psychotherapy □ DCA □ DCC Psychodynamic School Psychology—One Year □ DCM Couple Therapy Psychodynamic School Psychology—Two Year \square DCY Group Psychotherapy \square DSS Psychoanalytic Psychotherapy—One Year □ DST Psychoanalytic Supervision \square DPS Personal Treatment If you have had or are currently in psychotherapy, complete the following information. Your therapist will NOT be contacted for information about you. (Not necessary for the Psychodynamic School Psychology program) Name of therapist _____ __ Address _ Date began _____ Date terminated _____ Frequency per week _____ Total number of sessions _____ Orientation of therapist ___ Certification Please list any license/certification that you hold. Include a photocopy of your license/certificate. Licensed/Certified as a State License/Certification Previous Education Please list ALL institutions previously attended. Indicate your previous (and current) education in the space provided. List your most recent education first by providing the name and location of the institution. Please include dates of attendance for all schools listed. Indicate the major field studied during this time, the degree earned (if any), the date the degree was or will be conferred, and whether the degree was obtained at the undergraduate (U), graduate (G), or postgraduate (PG) level. You will be responsible for having an official transcript from each graduate college or university attended sent directly to the Office of Postgraduate Programs of the Derner Institute, even if you have taken only one course there. Dates Attended Date of Degree Name of Institution Major Field Degree Have you ever been suspended, dismissed, expelled, or required to withdraw from any high school or college for academic or disciplinary reasons? (An affirmative response will not automatically prevent admission, but any omission or falsification is grounds for denial or rescission of admission, or expulsion.)

Yes
No If yes, provide an explanation.



GORDON F. DERNER
INSTITUTE OF ADVANCED PSYCHOLOGICAL STUDIES

Gordon F. Derner Institute Postgraduate Applicant's Letter of Reference Form

Part A. To Be Co	mpleted By App	olicant				
Letter must be written	by academic or profe	essional references. Lette	er from family/friends	will not be accepted.		
Name			Other name(s) used on transcripts			
Address						
	Street		City	State	ZIP	
Social Security Num 'Your Social Security Number the proper identification of t	nber* r will be used by the Derner transcripts and other applica	r Institute's Office of Postgradua ation materials that may arrive u	te Programs for identification nder a married or changed na	n purposes only. The Social Secur ume.	ity Number is used to ensu	
Telephone Number						
Please indicate the	program of study y	you are applying for:				
Child, Adolescent, and I	Family Psychotherapy		☐ Psychoanalysis and I	Psychotherapy—Four Year		
☐ Couple Therapy ☐ Group Psychotherapy			Psychodynamic School Psychology—One YearPsychodynamic School Psychology—Two Year			
Psychoanalytic Psychoth	erapy—One Year		☐ Psychoanalytic Super			
				Date		
Part B. Narrativ	e—To Be Comp	leted By Recomme	nder (Attach a typev	written narrative to this fo	orm.)	
in either a professiona information will be co 1. How well do you l	nl or educational cap onfidential. know the applicant	and psychotherapy, has acity. We would appre	named you as a persociate your candid app	considered as a candida on who has had some co oraisal of the candidate's	ontact with him or h	
	ο.	Well .		oroughly		
2. How familiar are y Not at All	you with the applic Slightly _	cant's personal qualific Well	cations? Th	oroughly		
3. Please rate the app	plicant in the follov	wing areas as compared	d to others with simi	ilar training and experi	ience.	
	Below Average	Average Ability	Above Average	Superior Ability	Outstanding	
Intellectual Ability						
Present Ability as a Psychotherapist						
Potential as a Psychotherapist						
Potential as a Research Person						
Personality Adjustment						

If you were on our Admissions Committee, would you accept this individual for postgraduate training?

Yes _____ No __

4. Additional Comments (Please submit a typewritten narrative)

As the writer of this narrative, you are required to give a frank assessment of the applicant. The Committee on Admissions seeks your opinion regarding the applicant's character and personality and your judgment regarding the candidate's ability to master advanced study in his or her chosen field. Please respond to the following where applicable:

- Length and nature of your relationship with the applicant
- Information not likely to be available from other sources
- Applicant's unique abilities, strengths, and limitations
- Special personal qualities, capacities, and interests that distinguish this applicant from others

Name (please print)	
Position	
Address	
Date	

Do not return this form to the applicant.

Please return this form and your typewritten narrative directly to the address listed.

Adelphi University is committed to extending equal educational opportunity to all who qualify academically.

Please return directly to: Adelphi University Gordon F. Derner Institute of Advanced Psychological Studies Office of Postgraduate Programs 158 Cambridge Avenue Hy Weinberg Center 326 Garden City, NY 11530-0701

Employment Record

Please list all employment during the past 10 years, including military service and volunteer work. Also, include a list of any honors, significant publications, and research projects. Use additional sheets if necessary.

Name of Employer	Occupation		Address	City and State	Dates Employed
Financial Aid					
Please indicate your plans for fi	inancial support w	nile attending grad	duate school.		
· -	ssistantship	☐ Financial Aid		ecify)	
Does your employer offer tuition	ancierance D Vec	□ No	. 1		
Does your employer offer turtion	assistance: 🗀 res	1 10			
Additional Information					
What first prompted you to appl (<i>Please check one)</i>	y to Adelphi Univer	sity?			
Adelphi admissions representa	tive 🖵 Fan	nily/friend	☐ Employer	☐ Professor	Adelphi mailing
☐ College fair/college night	☐ Rac	lio advertisement	☐ Print advertisement	☐ Viewbook	☐ Campus visit
☐ Internet banner		lphi.edu	☐ Social Media	Email	
☐ Other (specify)					
M:1: C					
Military Service (U.S. citi	zens only)				
Have you served with the U.S.	Armed Forces?	☐ Yes	☐ No		
Are you eligible for GI benefits?		☐ Yes	☐ No		
Branch of service					
Entry date	Discharge da	ee			
Signature					
I understand that a fraudulent a accompanying documents are coadmissions application become the even if I was a previous application betain information in connection check. I understand that certain to the school.	omplete and correct the property of Ade at or student of Ade on with this applica	to the best of my lphi University, ar lphi University. I tion. I understand	knowledge. I understand I understand that I are authorize Adelphi Univerthat certain fields of stu	d that credentials sup n responsible for pro- rsity to contact previ dy may require me to	oplied to support my viding these credentials ous schools attended to o submit to a background
Signature				D	nte

Please return directly to:

Adelphi University
Gordon F. Derner Institute of Advanced Psychological Studies
Office of Postgraduate Programs
158 Cambridge Avenue
Hy Weinberg Center 326
Garden City, NY 11530-0701



GORDON F. DERNER INSTITUTE OF ADVANCED PSYCHOLOGICAL STUDIES

Gordon F. Derner Institute Postgraduate Applicant's Letter of Reference Form

Letter must be writter	ı by academic or prof	essional references. Lett	er from family/friends v	will not be accepted.			
Name			Other name(s) used on transcripts				
Address			City				
	Street		City	State	ZIP		
*Your Social Security Number	er will be used by the Derne	r Institute's Office of Postgradu ation materials that may arrive	ate Programs for identification	purposes only. The Social Secu me.	rity Number is used to ensur		
Telephone Number	·						
Please indicate the	program of study	you are applying for	:				
Child, Adolescent, and	Family Psychotherapy		☐ Psychoanalysis and Psychotherapy—Four Year				
□ Couple Therapy□ Group Psychotherapy			□ Psychodynamic School Psychology—One Year□ Psychodynamic School Psychology—Two Year				
☐ Psychoanalytic Psychotl	herapy—One Year		Psychoanalytic Supervision				
Signature				Date			
Part B. Narrativ	ve—To Be Comp	leted By Recomm	ender (Attach a typew	vritten narrative to this f	form.)		
in either a profession information will be c	al or educational cap confidential.	and psychotherapy, has	s named you as a perso ciate your candid appr	considered as a candida on who has had some co aisal of the candidate's	ontact with him or he		
Not at All	Slightly _	Well	The	oroughly			
2. How familiar are Not at All	you with the applic Slightly	cant's personal qualifi Well	cations? The	oroughly			
3. Please rate the ap	_	-		lar training and exper			
T 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Below Average	Average Ability	Above Average	Superior Ability	Outstanding		
Intellectual Ability							
Present Ability as a Psychotherapist							
Present Ability as a							
Present Ability as a Psychotherapist Potential as a							

If you were on our Admissions Committee, would you accept this individual for postgraduate training?

Yes ______ No _____