

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. A payment for \$50 payable to TFP – New York is required. This fee covers part of the cost of processing your application and therefore is not refundable.
3. Request letters of reference in #14 be sent via e-mail to Drs. Eugenia Cherkasskaya & Eric Fertuck at [Drcherkasskaya@gmail.com](mailto:Drcherkasskaya@gmail.com) & [fertuck@gmail.com](mailto:fertuck@gmail.com)
4. Mail a copy this application, a copy of proof active malpractice insurance coverage, a copy of licensure, an update CV, and check to : TFP – NEW YORK, 122 EAST 42<sup>ND</sup> STREET, SUITE 3200, NEW YORK, NEW YORK 10168. *Applicants must also send a PDF of the application, proof of malpractice, licensure, CV, and a copy of application check, to Drs. Eugenia Cherkasskaya & Barry Stern at [Drcherkasskaya@gmail.com](mailto:Drcherkasskaya@gmail.com) & [bs2137@cumc.columbia.edu](mailto:bs2137@cumc.columbia.edu).*

Date \_\_\_\_\_

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

2. Present Mailing/Office

Address \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

Telephone \_\_\_\_\_

3. Permanent Home

Address \_\_\_\_\_

\_\_\_\_\_

City State Zip Code

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 \_\_\_\_\_

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 \_\_\_

14. Request letters of reference below be sent directly to the TFP New York via Drs. Eugenia Cherkasskaya & Eric Fertuck at [Drcherkasskaya@gmail.com](mailto:Drcherkasskaya@gmail.com) & fertuck@gmail.com.

Please list the names and addresses of:  
DIRECTOR OF RESIDENCY  
OR INTERNSHIP TRAINING

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SUPERVISOR #1

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SUPERVISOR #2

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**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. Copy of application fee payment.
5. An up-to-date CV.