



# Adirondack Samaritan Counseling Center

A nonprofit mental health agency serving Warren, Washington, and Saratoga Counties since 1983

15 Boulevard, Hudson Falls, NY 12839 • (518) 747-2994 • Fax: (518) 747-2996

## Residency in Psychotherapy Application Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, St, and Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Academic History

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### License/Permit

New York Licenses or Limited Permit Number: \_\_\_\_\_ \*\*

Discipline: \_\_\_\_\_

\*\* To be hired as a Psychotherapy Resident one must have either a NY state license or Limited permit before starting.

### Work History:

Employer: \_\_\_\_\_ Dates: \_\_\_\_\_

Employer: \_\_\_\_\_ Dates: \_\_\_\_\_

**Please answer the following questions either “yes” or “no”. If you answer “yes” to any of them please submit additional paperwork with a completed detailed explanation. Include copies of any court record which were such supplied.**

yes  no Have you previously applied for New York State Licensure in any profession?  
If yes, what profession? \_\_\_\_\_

yes  no Have you ever been found guilty after trial, or pleaded guilty, no contest or nolo contendere to a crime (felony or misdemeanor) in any court?

yes  no Are criminal charges pending against you in any court?

yes  no Has any licensing or disciplinary authority refused to issue a license or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a professional license or certificate held by you now or previously, or even fined, censured, reprimanded or otherwise disciplined you?

yes  no Are charges pending against you in any jurisdiction for any sort of professional misconduct?

yes  no Has any hospital or licensed facility restricted or terminated your professional training, employment, or privileges or have you ever voluntarily or involuntarily resigned or withdrawn from such association to avoid imposition of such measures?



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Please explain why you are interested in a post graduate residency in psychotherapy at Adirondack Samaritan Counseling Center, how it might fit into your career plans, and what concerns you might have about engaging in such a training program. Be sure to include reflection on your own family or origin and how it might inform your of this career decision.

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## References

Please list three professional references who can comment upon your current skills and qualifications for doing a psychotherapy residence.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## Please provide all materials to:

Mary Beth York, LCSW, R  
Adirondack Samaritan Counseling Center  
15 Boulevard Street, Hudson Falls, NY 12839  
mbyork@adksamaritan.org

Signature: \_\_\_\_\_ Date: \_\_\_\_\_