



Institute of Counseling
and Psychoanalytic Studies
——— New Jersey's BGSP Campus

SUMMER 2021



Registration Packet

All ICPS Programs

301 South Livingston Avenue, Livingston, New Jersey 07039

Website: www.nj.bgsp.edu Phone: 973-629-1001 Email: acapnj@acapnj.org



Institute of Counseling
and Psychoanalytic Studies
— New Jersey's BGSP Campus

Dear ICPS Student,

Welcome to a new semester! It's time to contact your advisor to schedule an appointment to meet and discuss course selection.

After completing your forms please refer to the checklist on the last page of this packet to avoid a delay in your registration.

As you know, it's very important that students register by the April 1st deadline in order to insure your class preferences. In addition, this allows the school to appropriately plan for the semester. Students who register and submit forms after the deadline will pay a late fee of \$100.

The Registration Office is available for all your registration needs and can assist with any questions regarding registering for classes, adding or dropping classes and determining tuition and fee charges. Feel free to contact me anytime.

Regards,

Loretta M. Calabrese
Registrar/Office Manager
301 So. Livingston Ave, Livingston, NJ 07039
Phone | 973-629-1001
Email | acapnj@acapnj.org



Master's Programs MACMHC & MAP & Post MA Certificate

Tuesday 5:30-8:45pm

GPSA 101 Assessment and Appraisal / Hughes

This course provides an overview of the appraisal process including observation, interviewing, measures, resources and tools to formulate a clinical understanding of clients within a broad range of settings and within a survey of populations. Behavior, observations, etiology, symptomology, assessment, countertransference, and treatment will be examined in working with clients representing the lifespan. The course examines issues of reliability, diversity, limitations and ethical practice in relation to the validity of the assessments. Students explore the relationship between assessment, findings, diagnosis, intervention and treatment planning. *This course may have alternate assignments to make up for class time.* (3-cr)

Wednesday 6:30-9:45pm

GPSA 704 Continuing Fieldwork Seminar / Vaccaro

The Fieldwork experiences provide an opportunity to apply theory and practice of both counseling and psychoanalytic techniques in a clinical setting under supervision. GPSA 704 is taken when the student has not completed the required number of total fieldwork hours, fieldwork paper or presentation by the completion of course GPSA703. The student remains enrolled in fieldwork until the paper and presentation are completed. As the student moves through the fieldwork sequence, the student has increasing ability for independence and develops professional identity. The student learns advanced techniques to enable individuals to tolerate more comfortably the stimulation of importance and professional, ethical and cultural issues will be examined throughout the course. Students psychoeducational group in addition to individual work with clients. *This course may have alternate assignments to make up for class time.* (3-cr)

Thursday 5:30-8:45pm

GPSA 104 Multicultural Issues in Mental Health Work / Lapidis

Multicultural Issues in Mental Health Work is a course designed to introduce students to theoretical models of diversity and identity development. Students will examine theories of Race, Ethnicity, Class, Sex, Gender, Sexual Orientation and Ability, as a means of understanding the development and utility of one's own belief system, as well as the beliefs, values and experiences of a diverse client base. This course will address the notion of 'difference' within the therapeutic hour and examine the role and influence of systemic factors within the process. *This course may have alternate assignments to make up for class time.* (3-cr)

Dates/Times TBA

GPSA702B-K Small Group Studies (SGS)

This supervised group study course is taken throughout the summer for students who are engaged in fieldwork or clinical case. The students study individual cases at their Fieldwork Site in depth, presenting and reading about the dynamics of each case as well as their personal reactions to the client. The students process the challenges in working with and learning about serious psychopathology in a treatment relationship. The goal of the course is to help students identify the defenses of narcissistic clients and the countertransference reactions of the treating therapist. Students will present cases with process notes as a way to study the dynamics of the cases. Each week three students meet with the faculty and present their cases, studying the most therapeutic approach to each case.

GPSA 559-562 Directed Research - Day/time arranged with instructor

The master's degree student may choose to work with a research chair on the fieldwork paper, which is usually a single case from the fieldwork experience. The student may enroll in a directed research with an advisor and work individually with that faculty member until the project is completed. This is now an optional course as there is no longer a thesis requirement (.5-cr to 3-cr)



Summer 2021

REGISTRATION FORM May 25-July 29

MACMHC Program MAP Program

Non Matriculated Certificate in Mental Health Counseling

SCHEDULE OF FEES SUMMER SEMESTER

Program Tuition Fees

Tuition for all courses per credit.....\$830
All directed research per credit.....\$830
Group & Individual Supervision.....\$830

Administrative Fees

Registration.....\$ 150
Curriculum Support.....\$ 0
Late Fee.....\$ 150
Returned Check.....\$ 25

Please make checks payable to:
Boston Graduate School of Psychoanalysis

Send to:
ACAP 301 So. Livingston Ave, Livingston, NJ 07039

Name _____

Street Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Country (if not USA) _____

COURSE#	COURSE TITLE			DAY/ TIME	FACULTY	FEE
SGS (Must list 3 choices)	1 st choice	2 nd choice	3 rd choice			
	Registration Fee \$150					
	Late Fee additional \$150 after April 15th					
	Total Amount Due					
Method of payment	<input type="checkbox"/> Check # _____		<input type="checkbox"/> Credit Card (attach authorization form)		<input type="checkbox"/> Financial Aid	

Refund Schedule

Approved drop in writing before first class 100%
Approved drop in writing before second class 50%
Drop after second class No refund
Registration fees are non-refundable

Student Signature Date

Advisor Signature Date

Registration will not be accepted without Advisor signature

ICPS Financial Information

Good Financial Standing

Students are required to submit a satisfactory tuition payment in order to be admitted to class. Tuition can be paid by personal check, the extended payment plan or in full by credit card on either VISA or Master Card. Students should make payments in full in order to remain in good financial standing. Students whose extended payment plan payments are not honored may lose their good financial standing.

Students who are not in good financial standing are not permitted to attend class until the situation is rectified. These absences may be counted as unexcused absences by the instructors. All students with outstanding balances at the end of the semester will be assessed a 1% per month financial charge until the balance is cleared. Additionally, the Boston Graduate School of Psychoanalysis may withhold diplomas, degrees, transcripts and other official notice of work done at the School from students who are not in good financial standing. A student may not withdraw in good standing or graduate until all obligations to the school are paid in full.

Extended Payment Plan

Under this plan, the full tuition may be equally divided into five payments according to the extended payment plan contract. The application for the extended payment plan is provided with the registration materials and is submitted with the registration form. The student submits five post-dated checks representing the five calculated payments. There is a \$100.00 fee for this service, paid at the time of registration. The first payment is due with registration.

Types of Financial Aid

Please contact Ms. Stephanie Woolbert, our Director of Financial Aid, at woolberts@bgsp.edu or 617-277-3915 x19. BGSP-NJ for information on loans & offers of grants when available.

Inquiries may be directed to Ms. Loretta Calabrese by phone 973-629-1001 or LCalabrese@acapnj.org

Veterans Education Benefits

The New Jersey campus has been approved by the Department of Veterans Affairs for students to claim their Veteran's Education Benefits. For more information, please contact the Financial Aid Office or visit: <http://www/gibill.va.gov>.

Tuition and Fee Schedule 2020- 2021

Program Tuition and Fees:

Tuition for all courses per credit.....\$830

Administrative Fees:

Registration Fee.....\$150
Curriculum Support Fee.....\$450
Student Association Fee.....\$25
Extended Payment Plan Fee.....\$100
Late Payment Fee.....\$150
Returned Check Fee.....\$25
Graduation Fee.....\$100

Refund Schedule

Approved drop in writing before first class100%
Approved drop in writing before second class 75%
Approved drop in writing before third class 50%
Approved drop in writing before 4th class20%
Drop on or after fourth classNo refund



ACAP

**Academy of Clinical
and Applied Psychoanalysis**

973-629-1001 www.acapnj.org

Post Graduate Programs



**Institute of Counseling
and Psychoanalytic Studies**

— **New Jersey's BGSP Campus**

973-629-1001 www.nj.bgsp.edu

Graduate Master's Programs

Photo Release Form

I grant to ACAP and ICPS its representatives and employees the right to take photographs of me and my property in connection with the above-identified subject. I authorize ACAP, to copyright, use and publish the same in print and/or electronically.

I agree that ACAP may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and agree to the above:

Signature _____ Date _____

Printed name _____

Credit Card Payment

Institute of Counseling and Psychoanalytic Studies

301 South Livingston Avenue
Livingston, NJ 07039

973 629 1001

Credit card payments are accepted for tuition being paid in full

Student Name _____ ICPS Program _____

Card Holder Name (if different) _____

Card Holder Address _____

Amount* \$ _____

Date _____

Office Use Only Authorization Code _____
Date _____
By _____

Card Holder Signature _____

** Some credit card companies have security policies that do not process large transactions, such as tuition payments, unless they have been previously notified by the cardholder that (s)he wishes to make such a payment.*

.....

Credit Card Type (circle one) **VISA** **MASTERCARD**

Card Number _____

Expiration Date _____

Verification ID# (VIN) _____
(Last 3 digits on BACK of card)

A non-refundable convenience fee up to 2.75% on the total transaction will be assessed by your credit card company for credit card payments.

ICPS Semester / Year _____



As you prepare to begin your studies at ICPS, I am available to answer any questions that you may have about student loans or financial aid in general. My office is located at the main campus in Boston, and I am in the office Monday through Friday from 9am-5pm. Give me a call at 617-277-3915 or send an email to woolberts@bgsp.edu or financialaid@bgsp.edu. Our website also provides an overview of the types of aid available, at: <http://nj.bgsp.edu/admissions/financial-aid/>.

If you are interested in borrowing Federal Student Loans through the William D. Ford Direct Loan program to help finance your education, application directions are included below.

How to Apply

The first step is to complete the Free Application for Federal Student Aid (FAFSA) online using your Federal Student Aid ID number. The FSA ID serves as your electronic signature when completing the FAFSA. If needed, you may apply for a new FSA ID online: <https://fsaid.ed.gov/npas/index.htm>. Then, complete your 2017-2018 FAFSA application online at www.fafsa.ed.gov using your **2015** Federal Income Tax Return [Note: this is likely not your most recent tax return, but the prior year return]. Make sure to keep copies of all application forms.

The FAFSA school code for BGSP-NJ is G31943, with the state listed as Massachusetts, and the city listed as Brookline.

You are also required to complete Student Loan Entrance Counseling at www.studentloans.gov. From the homepage you can sign in using your FSA ID. Then, you will be directed to a secure page where you can choose to complete entrance counseling. Read through the instructions, and then choose to complete your entrance counseling as a graduate student. When prompted, select *Massachusetts* as the state and *Boston Graduate School of Psychoanalysis* as your school. The session takes about 30 minutes and confirmation of completion is sent electronically to the school.

Finally, you will need to sign a Master Promissory Note (MPN), if you do not already have one on file. To e-sign the MPN, visit www.studentloans.gov. Once signed in, select the option to e-sign your MPN. Depending on the loans you plan to borrow for the 2017-18 year, you will need to sign the Subsidized/Unsubsidized Stafford MPN, the PLUS MPN, or both. When prompted, choose *Massachusetts* as the state, *Brookline* as the city, and *Boston Graduate School of Psychoanalysis* as your school. If you prefer a paper copy, please contact me.

Please contact me if you would like to apply for a Graduate PLUS loan for 2017-18, or if you have any questions.

Best wishes for a successful school year,

Stephanie Woolbert
Director of Financial Aid
BGSP ♦ NYGSP ♦ BGSP-NJ
1581 Beacon St, Brookline, MA 02446
financialaid@bgsp.edu
(617)277-3915

Checklist for your financial aid application:

- ✓ 2017-18 FAFSA
- ✓ Entrance Counseling
- ✓ Master Promissory Note
- ✓ Non-Tax Filer Statement (if applicable)



Dear Incoming Student,

Congratulations on your acceptance to ICPS. All new graduate students enrolled in a program of study to an academic independent institution of higher education in New Jersey are **required** to provide evidence of immunization as a prerequisite to enrollment and proof of health insurance.

- **Measles, Mumps, Rubella (MMR) – 2 doses.** Any student born after 1956 **must provide** vaccination documentation of two (2) doses of MMR. The first dose must be administered on or after your first birthday and the second dose must not be administered any less than one (91) month from the first. *Laboratory blood tests that demonstrate immunity may be substituted in place of vaccination documentation. We must receive a copy of the blood work results in order to verify immunity.*
- **Hepatitis B – 2or3 dose series.** NJ State law requires all new incoming students registered for 12 or more credits must provide **must provide** proof of a completed Hepatitis B vaccine series. This can either be the two (2) dose adolescent series or the three (3) dose pediatric/adult series. *Laboratory blood tests that demonstrate immunity may be substituted in place of vaccination documentation. We must receive a copy of the blood work results in order to verify immunity.*

A request for exemption from these requirements due to religious beliefs may be submitted to the administrative office. **The request must be in writing from the enrolled student and specifically state the religious doctrine that prohibits the vaccination.**

Exemption from requirements based on medical reasons must be submitted to the administrative office in the form of a **signed statement from a healthcare provider** indicating a specific immunization is contraindicated due to a valid medical condition. This documentation will be reviewed annually.

Immunization documentation should be mailed to the ICPS Administrative office. Students who do not comply will have a registration hold placed on their account until documentation is received. Please review all documents to ensure they are correct and complete prior to submitting them. Any questions please call Loretta Calabrese at 973-629-1001.

Deadlines:

All documentation must be received by:

April 15th for the summer semester

August 1st for the fall semester

December 1st for the spring semester

Student Record of Immunization

Student Name _____ Date of Birth _____

Student Address _____

The following information must be completed by your healthcare provider, high school, former college/university or any other authorized agency. An attached copy of official immunization records is also accepted.

1. MMR required by law for all students born after 1956 :

MMR (Measles, Mumps, Rubella) vaccine- 2 doses required.

Dose#1 ___/___/___ (Given on or after 1 year of age)

Dose#2 ___/___/___ (Given at least 30 days after dose #1)

Or:
Titer Dose#1 ___/___/___ **Dose#2** ___/___/___

*Copy of Laboratory report **must** be attached*

2. Hepatitis B required by law for all students registered for 12 or more credits per semester:

Hepatitis B vaccine – Proof of a 3-dose series or a valid adolescent 2-dose is required.

Dose#1 ___/___/___

Dose#2 ___/___/___ Check box if 2-dose series (valid between ages 11-15 only)

Dose#3 ___/___/___

Or:
Titer Dose#1 ___/___/___ **Dose#2** ___/___/___

*Copy of Laboratory report **must** be attached*

Provider's Name _____

Address _____

Provider Signature _____ Date _____

Return this form to:

Institute of Counseling and Psychoanalytic Studies
 301 South Livingston Avenue, Livingston, NJ 07039
 Fax# 973-629-1003 Email: LCalabrese@acapnj.org

BGSP-NJ

Health Insurance

The State of New Jersey requires all **full-time graduate students (9 or more credits)** to carry health insurance. Health insurance is required both to protect against unexpected high medical costs and provide access to quality care.

Student Name _____

Check one:

_____ I am enrolled in less than 9 credits and not required to participate in the health insurance requirements.

_____ I have health insurance and have provided information below.

Name of Insurance Company _____

Subscriber Name

Policy# _____

Student Signature _____

Date _____



Attach a copy of your card

Record of Student Advisement

ACAP _____ ICPS _____

Student Name _____ Semester _____ Year _____

Advisor Name _____ Meeting Date _____

Student File Reviewed? _____ Goals Reviewed? _____ Registration Reviewed? _____

Student approved to register for the following courses:

Course ID & Title _____ Semester _____

Course ID & Title _____ Semester _____

Course ID & Title _____ Semester _____

Course ID & Title _____ Semester _____

Course ID & Title _____ Semester _____

Course ID & Title _____ Semester _____

ADVISOR COMMENTS AND RECOMMENDATIONS

Please list all specific recommendations made to students concerning any aspect of their progress in the ACAP training program. Students should review comments and recommendations of the Advisor. Please attach more sheets as needed. Place the Record Advisement Form in the student file.

Student Signature: _____ **Date** _____

Advisor Signature: _____ **Date** _____



New students only unless returning students have changes

ACAP/ICPS EMERGENCY CONTACT AND CURRENT MEDICATION INFORMATION

STUDENT/FACULTY INFORMATION				
Name:			Date of Birth:	
Home Address: Mailing Address:			Home: Cell:	
Physician(s):	Physician's Phone Number:	Hospital Preference		Hospital Address/Phone
EMERGENCY CONTACTS				
NAME	RELATIONSHIP	HOME PHONE	MOBILE PHONE	WORK PHONE
Are there any health considerations you would like us to be aware of?				
ALLERGIES TO MEDICATIONS				
MEDICATION		REACTION		



ACAP

**Academy of Clinical
and Applied Psychoanalysis**

973-629-1001 www.acapnj.org

Post Graduate Programs

973-629-1001 www.ni.bgsb.edu



**Institute of Counseling
and Psychoanalytic Studies**

— **New Jersey's BGSP Campus**

Photo Release Form

I grant to ACAP and ICPS its representatives and employees the right to take photographs of me and my property in connection with the above-identified subject. I authorize ACAP, to copyright, use and publish the same in print and/or electronically.

I agree that ACAP may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and agree to the above:

Signature _____ Date _____

Printed name _____