



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

# Summer 2023

May 22nd-August 3rd



## Registration Packet

### All ICPS Programs

301 South Livingston Avenue, Livingston, New Jersey 07039

Website: [www.nj.bgsp.edu](http://www.nj.bgsp.edu) Phone: 973-629-1001 Email: [support@acapnj.org](mailto:support@acapnj.org)

## Letter from the Registrar

ICPS Students,

Welcome to the Summer 2023 Semester!

The procedure for course registration remains the same as previously. Students will log in to the EMPOWER student information system to register for their courses. Detailed instructions are attached in this registration packet.

Please continue to email me a copy of your completed registration form along with your advisement form, **in addition to registering online**. Please allow for sufficient time to meet with your advisor and to follow the steps below:

1. Meet with your advisor to discuss course selection.
2. Log onto the Empower student information system with the username/password you were assigned when you began the program. Make your course selection
3. Contact your advisor to tell them you have made your course elections. Advisor will then view your elections in Empower and complete the registration if they approve. **Please note your registration will be pending until this step is completed.**

Katie and I will be available to help during the registration process.

Feel free to reach out with any questions or concerns.

Best regards,

Idalis Arcangel, Office Manager  
support@acapnj.org

Katie Fraser, Administrative Assistant  
admin@acapnj.org

Dear Students,

Welcome to the Summer 2023 semester! Please log in to the EMPOWER student information system to register for courses. Please see instructions below on how to register for your classes.

1. Click this link to log in to EMPOWER <https://bgsp.empower-xl.com/fusebox.cfm> It can also be found at the top right corner on the NJ.BGSP.edu website.
2. Bring your cursor to the word "Students" in the red bar at the top and click on "Empower".
3. Once you login, click the "Student Records" Tab then look under the sub-heading "Course Tools", and click "Course Registration".
4. The screen will show that you have No Enrollments and No Pending Registration. Click the "Add Courses" Button located above "Dept"
5. The next screen will give you a series of filter options. Select NJBGSP as the campus and Click Search
6. On the next screen you will see the courses being offered in the Summer 2023 semester. The Detail button to the right of each course will give the course description.
7. To elect courses, Click the little box to the left of the courses. Then, click the Register button found at the top or bottom of the course list.
  - a. IMPORTANT: After you click the Register button, you will come to a screen that says "0 Successful Registrations" and "X Pending registrations". All courses will automatically be entered as "Pending"
  - b. To complete the registration process, you will need to contact your advisor to let them know you have made your course elections. Your advisor/fellow will then view your elections in Empower and complete the registration if they approve.
8. To see your tuition and fees charges for the term and make payment online:
  - a. Click on the "Financials" Tab at the top of the page, then, under the "Student Billing" heading, choose "Estimated Tuition Worksheet". This report will tell you what the estimated term charges will be based on the course selections you made.
  - b. If you wish to make a payment online, you may do so from this screen
    - i. Click on the dropdown box next to "payment Type" to select either Credit Card or Electronic Check. 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.
    - ii. Click the "Submit" button at the bottom of the screen and then follow the prompts to complete your online payment.

# 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. There will be a \$15 late fee for each late payment.

## 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 2021-2022

### **Program Tuition and Fees:**

Tuition for all courses per credit .....	\$830
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### **Administration Fees:**

Registration .....	\$150
Curriculum Support .....	\$360
Technical support .....	\$100
Extended Payment Plan .....	\$100
Late fee .....	\$15
Late Payment .....	\$150
Returned check .....	\$25
Official transcript .....	\$20
Leave of absence .....	\$150
w/continued access to library resources additional .....	\$510
Graduation fee .....	\$250

### **Refund Schedule**

Approved drop in writing before first class .....	100%
Approved drop in writing before second class .....	75%
Approved drop in writing before third class .....	50%
Approved drop in writing before 4 <sup>th</sup> class .....	20%
Drop on or after fourth class .....	no refund

# 2023 Semester Dates

## **SPRING 2023**

January 17th-May 15th (exam week)

### ***NO CLASS:***

March 27th-March 31st (Spring Break)

## **SUMMER 2023**

May 22nd-August 3rd (exam week)

### ***NO CLASS:***

July 4th, May 29th, and August 2nd

## **FALL 2023**

September 6th-December 28th (exam week)

### ***NO CLASS:***

November 22nd and November 23rd (Thanksgiving Break)



**Monday 7:00-9:10pm GPSA507 Human Development: Through the Lifespan from Birth to Death / Team Teach (Main)**

This course focuses on the vicissitudes of human development through the lifespan and within intra psychic, biological, family, environmental and cultural context. How the individual approaches developmental tasks or copes with challenges of inner and outer reality, from conception through old age, is reflected in his/her sense of self and is manifested in behavior and life choices. The maturational tasks of adapting and coping that enable growth over the lifespan are examined. (3-cr)

**Wednesday 4:50-7:00pm GPSA851 Winnicott Reading Course: Contemporary Topics in Clinical Practices / Vaccaro (Vaccaro Office)**

This course will explore contemporary topics in clinical practice. Class members discuss topics related to mental health practice from contemporary life, highlighting new, innovative or relevant issues. Students become active researchers, bridging the gap between theory, research and practice through researching literature to serve as a springboard to exploring aspects of practice. Students can develop self-efficacy by discovering resources that reflect a personal model of practice. The course discussion applies the literature to clinical practice. This course will focus on the readings of D.W. Winnicott and application to contemporary practice. (3-cr)

**Thursday 4:50-7:00pm GPSA704 Fieldwork Seminar: Focus on Basic Techniques and Small Group Studies (SGS) / DeLia (Zoom)**

The Fieldwork experiences provide an opportunity to apply theory and practice of both counseling and psychoanalytic techniques in a clinical setting under supervision. As the student moves through the fieldwork sequence, the student has increasing ability for independence and develops professional identity. The student learns basic 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 psycho-educational group in addition to individual work with clients. (4-cr)

**Every other Thursday 12:00-1:40pm (May 18th, June 1st, June 15th, June 29th, July 13th, July 27th, and August 3rd) Introduction to Modern Psychoanalysis / Vaccaro**

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**Summer Conference:**

**Wednesday July 12th 11:00-1:00pm Guest lecture, Benjamin Davis, "Gender and working with persons who are transgender", author of "Gender: What Everyone Needs to Know".**

*\* Please be advised that students are required to attend the conference in the condensed summer session.*

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

# REGISTRATION FORM

## Summer 2023

### May 22nd-August 3rd

- ☐ Master of Arts in Clinical Mental Health Counseling
- ☐ Master of Arts in Psychoanalysis
- ☐ Certificate in Mental Health Counseling
- ☐ Non-Matriculated

#### Schedule of Fees 2022-2023

##### Program Tuition Fees

Tuition for all courses per credit \$830  
All Directed Research per credit \$830  
Group Supervision per credit \$830

##### Administrative Fees

Registration per semester \$150  
Curriculum support per semester \$360  
Technical support per semester \$100  
Extended payment plan \$100 (\$15 late payment fee)  
Late payment \$150  
Returned check \$25  
Official transcript \$20  
Leave of absence \$150  
Leave of absence w/access to library resources additional \$510  
Graduation \$250

Please make checks payable to:

**Boston Graduate School of Psychoanalysis**

Please mail registrations and payments to:

**Administrative Office ICPS / ACAP**

**301 So. Livingston Ave, Livingston, NJ 07039**

Full Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip code \_\_\_\_\_

Country if not U.S. \_\_\_\_\_

Cell Phone \_\_\_\_\_

Phone #2 \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact Name/Phone \_\_\_\_\_

List Course# / Description / Instructor

FEE

1.	
2.	
3.	
4.	
<b>If you are registering for an SGS list SGS COURSE# / INSTRUCTOR / DAY &amp; TIME &amp; MUST LIST SECOND CHOICE</b>	
SGS Choice #1	
SGS Choice #2	
Registration Fee (required all registrations) \$150.00	
Curriculum & Technical Support Support Fees (required all registrations) \$460.00	
Late fee after 04/30/23 \$150.00	
<b>TOTAL TUITION</b>	

#### Refund Schedule

Approved drop in writing before 1<sup>st</sup> class  
Approved drop in writing before 2<sup>nd</sup> class  
Approved drop in writing before 3<sup>rd</sup> class  
Approved drop in writing before 4<sup>th</sup> class  
Drop on or after 5<sup>th</sup> class no refunds

Administrative fees are non-refundable

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_

*Registration will not be accepted without an advisor signature*

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](mailto:woolberts@bgsp.edu) or [financialaid@bgsp.edu](mailto: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 2022-2023 FAFSA application online at [www.fafsa.ed.gov](http://www.fafsa.ed.gov) using your **2021** 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](http://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](http://www.studentloans.gov). Once signed in, select the option to e-sign your MPN. Depending on the loans you plan to borrow for the 2022-2023 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 2022-2023, or if you have any questions.

Best wishes for a successful school year,

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

#### Checklist for your financial aid application:

- ✓ 2022-2023 FAFSA
- ✓ Entrance Counseling
- ✓ Master Promissory Note
- ✓ Non-Tax Filer Statement (if applicable)



# 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 \_\_\_\_\_

## Extended Payment Plan

Institute of Counseling and Psychoanalytic Counseling

301 South Livingston Avenue, Livingston, NJ 07039

Phone 973 629 1001 Email LCalabrese@acapnj.org

### Extended Payment Plan

Under this plan, the full tuition may be equally divided into five payments. 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.

Student Name \_\_\_\_\_

Program \_\_\_\_\_ Semester \_\_\_\_\_

Total Tuition \_\_\_\_\_ & Payment Plan Fee \$100 = \_\_\_\_\_

Payment Number	Payment Due (All Payments due on the 15 <sup>th</sup> )	Check Number	Amount
1			
2			
3			
4			
5			
TOTAL			

*Please make checks payable to **Boston Graduate School of Psychoanalysis***

Post-date and submit all checks with registration to the ICPS Registrar

*By signing below, I agree to the terms and conditions of the Extended Payment Plan*

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Registrar \_\_\_\_\_ Date \_\_\_\_\_

# 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.

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**Student Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Advisor Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

## CONFIRMATION OF ANALYSIS

ACAP\_\_\_\_\_BGSP-NJ\_\_\_\_\_Semester\_\_\_\_\_Year\_\_\_\_\_

Personal analysis with an approved analyst must begin by the second semester and is required throughout training. Students are responsible for the completion and submission of the Confirmation of Analysis form at the beginning of the fall and spring semester of each school year. Students are encouraged to remain in analysis as long they are in the program of study.

### Individual Analysis

Student's Name \_\_\_\_\_

Analyst's Name \_\_\_\_\_

Total Number of Individual Sessions since Last Semester's report \_\_\_\_\_

Total Number of Individual Sessions to Date \_\_\_\_\_

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Analyst Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### Group Analysis

Total Number of Group Sessions since Last Semester's Report \_\_\_\_\_

Total Number of Group Sessions to Date \_\_\_\_\_

**Student Signature** \_\_\_\_\_

**Analyst 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:			Home:	
Mailing Address:			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/ICPS COVID Protocols - updated October 1, 2021

These protocols apply to any member of the ACAP / ICPS community who has been or plans to be physically present at ACAP or affiliated sites (such as field placements).

- A. All ACAP/ICPS community members are required to have proof of anti-COVID vaccination** on file in order to enter the building or participate in any activities in person, either on campus or in clinical placements. Students, faculty and staff send proof of vaccination to [acapnj@acapnj.org](mailto:acapnj@acapnj.org) or [admin@acapnj.org](mailto:admin@acapnj.org).
- B. Masks are required at ACAP/ICPS in all public spaces and classrooms.** In individual or small group meetings, masks may be removed by mutual and full consensus of all participants.
- C. If you have been exposed to COVID please quarantine and follow the CDC guidelines.** If you experience symptoms of potential COVID please stay home until you are symptom free or have a negative non-rapid COVID virus test. All ACAP / ICPS classes are set up to attend remotely if you are ill.
- D. If you have tested positive for COVID-19 and have been in close contact to others at ACAP / ICPS** please follow the quarantine protocols as recommended by the CDC and email the ACAP Administrative office. We will not notify anyone of that person's close contact and all information will be kept confidential.

ISOLATE. Stay home until after:

- At least 10 days since symptoms first appeared **and**
  - At least 24 hours with no fever without fever-reducing medication and symptoms have improved
  - 10 days have passed since your positive test.
- E. NJCC and Private Renters - Remote therapy is available**
- For in-person sessions patients need to email their proof of vaccination to **both** their therapist and Lori Feigenbaum, NJCC administrator [NJCC@acapnj.org](mailto:NJCC@acapnj.org) **prior to their appointment.** No entering building and **No sessions until this requirement is met.**
  - **Children who are unvaccinated are seen with the agreement of the therapist and wear masks**
  - **Masks are to be worn at all times in the building and in the therapy rooms including unvaccinated children. Those accompanying children need to be vaccinated and masked.**

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 30th for the summer semester  
August 28th for the fall semester  
December 4th 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



Institute of Counseling  
and Psychoanalytic Studies  
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April 1st, 2023

Dear Student,

Please be advised that the Master of Arts in Clinical Mental Health Counseling degree program in which you are enrolled meets educational requirements for licensure in the state of New Jersey.

For questions about the New Jersey License in Mental Health Counseling, please contact Dr. Vicki Semel, Program Director, at 973-629-1002, [vwsemel@comcast.net](mailto:vwsemel@comcast.net).

If you have further questions regarding professional licensure in general, please contact Dr. Carol Panetta, Vice President, at 617-277-3915, [panettac@bgsp.edu](mailto:panettac@bgsp.edu).

Sincerely,

Vicki Semel, Psy.D.  
ICSP Program Director

301 South Livingston Ave., 2<sup>nd</sup> Floor  
Livingston, NJ 07039



**ACAP**

**Academy of Clinical  
and Applied Psychoanalysis**

**973-629-1001 [www.acapnj.org](http://www.acapnj.org)**

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*Post Graduate Programs*



**Institute of Counseling  
and Psychoanalytic Studies**

**New Jersey's BGSP Campus**

*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 \_\_\_\_\_

# Registration Checklist

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*Student registrations must include the following:*

☐

Registration form signed by advisor

New students may meet with the Admissions Director for their first term advisement.

☐

Advisement form

New students may meet with the Admissions Director for their first advisement.

☐

Payment in full or approved payment plan

☐

Confirmation of analysis form

All returning students submit a Confirmation of Analysis form.  
New students submit a statement once they have entered analysis.

☐

Emergency contact form

☐

Photo release form

Incomplete forms will be returned to the student and delay both registration and admission to class. Registration is complete when all required forms are received with payment.

Any questions regarding registration please contact

Idalis Arcangel

(973) 629-1001

support@acapnj.org