

# Application for Post-Graduate Training Gestalt Associates for Psychotherapy

NAME \_\_\_\_\_ Social Security # \_\_\_\_\_  
ADDRESS \_\_\_\_\_ Date of Birth \_\_\_\_\_  
TELEPHONE: (Home) \_\_\_\_\_ (Office) \_\_\_\_\_ (Cell) \_\_\_\_\_  
E-MAIL: \_\_\_\_\_

License # \_\_\_\_\_ NPI # \_\_\_\_\_

**Please Indicate Which Program You Are Applying To:**

Clinical Fellowship Program  Practitioner Program  Psychoanalytic

## EDUCATIONAL BACKGROUND

**Institution City/State Dates Attended Degree**

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## PROFESSIONAL EXPERIENCE

**Employer Address Dates Employed Position**

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## PREVIOUS OR CURRENT PSYCHOTHERAPY

**Therapist Approach Dates of Therapy**

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## PLEASE INCLUDE OR FORWARD THE FOLLOWING:

- Official Copies of Academic Transcripts and Professional Credentials
- Updated Resume
- Recent Medical Report
- Two Letters of Reference, Including One from Current or Recent Therapist
- \$50 Application Fee

\* Upon receipt of your application, you will be contacted for a personal interview by a member of our training faculty.

\* To assure early consideration, please apply by 9/1. After that date, applications will be considered as space allows.