

Application for Post-Graduate Training Gestalt Associates for Psychotherapy

Date: _____

NAME _____ Social Security # _____

ADDRESS _____ Date of Birth _____

TELEPHONE: (Home) _____ (Office) _____ (Cell) _____

E-MAIL: _____ Date of Application: _____

License # _____ NPI # _____

Please Indicate Which Program You Are Applying To:

Clinical Fellowship Program Practitioner Program Psychoanalytic

EDUCATIONAL BACKGROUND

Institution City/State Dates Attended Degree

PROFESSIONAL EXPERIENCE

Employer Address Dates Employed Position

PREVIOUS OR CURRENT PSYCHOTHERAPY

Therapist Approach Dates of Therapy

PLEASE INCLUDE OR FORWARD THE FOLLOWING:

- Official Copies of Academic Transcripts and Professional Credentials
- Updated Resume
- 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.