

# Application for Post-Graduate Training Gestalt Associates for Psychotherapy

NAME \_\_\_\_\_ Social Security # \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE: (Home) \_\_\_\_\_ (Office) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-MAIL : \_\_\_\_\_ Birth Date \_\_\_\_\_

If Available: 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:

- Copies of Academic Transcripts and Professional Credentials
- Updated Resume
- Results of a Medical Exam Within the Last Year
- Copy of Therapist's Summary of Treatment
- \$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.