**APPLICATION: *POST-GRADUATE* PROGRAM** (July 2016)

|  |
| --- |
| **PERSONAL INFORMATION** Date Name SS # Address City State Zip Work Phone Cell Phone Other PhoneEmail Address Professional Degree(s), Titles, Etc Certification or License |
| **EDUCATIONAL BACKGROUND**Institution City/State Dates Attended Degree |
| **PROFESSIONAL EXPERIENCE**Employer Address Position Dates |
| **OTHER CREDENTIALS, EXPERIENCE, PUBLICATIONS, ETC**. (Please enclose pertinent documents.) |
| **PREVIOUS OR CURRENT PSYCHOTHERAPY EXPERIENCE** (Please tell us what the experience was like for you)Therapist’s Orientation Length of Therapy Comments  |
| **PLEASE CHECK THE ITEMS YOU HAVE COMPLETED OR ARE SUBMITTING** |
| [ ]  Application [ ]  Personal Statement (next page)[ ]  2-3 Letters of Reference[ ] Copy of Photo ID[ ] Copy/proof of License, if applicable | [ ] Proof of License. Copy of license to practice in mental health field.[ ]  Transcript. An official transcript must be mailed or emailed from your graduate school directly to the Center. | [ ]  Resume / CV[ ]  $50 Application Fee, payable to “Gestalt Center”[ ]  Faculty Interview #1[ ]  Faculty Interview #2 or faculty recommendation |
| Applicant’s Signature Date:  |
| **PLEASE RETURN DOCUMENTS AND $50 FEE, PAYABLE TO *GESTALT CENTER* TO:**The Gestalt Center, 37 East 28th Street, Suite 408, NY, NY 10016, or email: gestalt@gestaltnyc.org  |

**PERSONAL STATEMENT**

**Tell us what brought you to our center and what you want to achieve, experience, etc.**