**APPLICATION: *LICENSED PSYCHOANALYTIC* PROGRAM** (July 2016)

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| **PERSONAL INFORMATION**  Date  Name SS #  Address City State Zip  Work Phone Cell Phone Other Phone  Email 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 masters degree or higher.** An official transcript must be mailed or emailed from your graduate school directly to the Center, or,  Proof that a foreign masters has been evaluated by NY State as being equivalent to a masters. | 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: [rosaryzap@aol.com](mailto:rosaryzap@aol.com) | | |

**PERSONAL STATEMENT**

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