**APPLICATION: *LICENSED PSYCHOANALYTIC* 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 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  |

**PERSONAL STATEMENT**

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