

APPLICATION: *LICENSED PSYCHOANALYTIC* PROGRAM (2014)

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
- ☐ Official educational transcripts (you can start by submitting copies)

- ☐ **Proof of masters degree or higher.**
Either your graduate school must mail directly to us a document verifying your masters or, if you have a license that is verifiable online, such as an LMHC, LCSW, JD, MD, etc., specify the website where we can verify that license.

- ☐ Resume/CV, if applicable
- ☐ Faculty Interview
- ☐ \$50 Application Fee

Applicant's Signature

Date:

PLEASE RETURN DOCUMENTS AND \$50 FEE, PAYABLE TO *GESTALT CENTER* TO:

The Gestalt Center, 220 Fifth Avenue, Suite 802, NY, NY 10001, or email: rosaryzap@aol.com

PERSONAL STATEMENT

TELL US WHAT BROUGHT YOU TO OUR CENTER AND WHAT YOU WANT TO ACHIEVE, EXPERIENCE, ETC.