**APPLICATION: *CERTIFICATE* PROGRAM**

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| **PERSONAL INFORMATION**  Date DOB:  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  Copy of Vaccination | 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 at gestaltcenter@gestaltnyc.org | Resume / CV  $50 Application Fee via PayPal or check payable to “Gestalt Center”.  Scholarship Application if applicable |
| Applicant’s Signature Date: | | |
| **PLEASE EMAIL ALL APPLICATION DOCUMENTS TO:** gestaltcenter@gestaltnyc.org  **PLEASE PAY $50 FEE VIA PAYPAL TO OUR PAYPAL ACCOUNT AT [gestaltcenter@gestaltnyc.org](mailto:gestaltcenter@gestaltnyc.org)**  **IF PAYING BY CHECK, CONTACT [GESTALTCENTER@GESTALTNYC.ORG](mailto:GESTALTCENTER@GESTALTNYC.ORG) FOR MAILING INSTRUCTIONS.** | | |

**PERSONAL STATEMENT**

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