**APPLICATION: *LICENSED PSYCHOANALYTIC* PROGRAM**

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| **PERSONAL INFORMATION** Date DOB: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 SUBMITTED:** |
|  Application & Personal Statement 2-3 Letters of ReferenceCopy of Photo IDCopy/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 at gestaltcenter@gestaltnyc.org, or, Proof that a foreign masters has been evaluated by NY State as being equivalent to a masters. |  Resume / CV $50 Application Fee via PayPal or check payable to “Gestalt Center”. Scholarship Application |
| Applicant’s Signature Date:  |
| **PLEASE EMAIL ALL APPLICATION DOCUMENTS TO:** rosaryzap@aol.com**PLEASE PAY $50 FEE VIA PAYPAL TO OUR PAYPAL ACCOUNT AT gestaltcenter@gestaltnyc.org****IF PAYING BY CHECK, CONTACT GESTALTCENTER@GESTALTNYC.ORG FOR MAILING INSTRUCTIONS.**  |

**PERSONAL STATEMENT**

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