**APPLICATION: *LICENSED PSYCHOANALYTIC* 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 SUBMITTED:** | | |
| Application & Personal Statement  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 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](mailto:rosaryzap@aol.com)  **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.**