**APPLICATION: *CERTIFICATE* 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 COMPLETED OR ARE SUBMITTING** |
|  Application  Personal Statement (next page) 2-3 Letters of ReferenceCopy of Photo IDCopy/proof of License, if applicableCopy 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****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.**