

## APPLICATION: **LICENSED PSYCHOANALYTIC PROGRAM**

<b>PERSONAL INFORMATION</b>		
<u>Date</u>	<u>DOB:</u>	
<u>Name</u>	<u>SS #</u>	
<u>Address</u>	<u>City</u>	<u>State</u> <u>Zip</u>
<u>Work Phone</u>	<u>Cell Phone</u>	<u>Other Phone</u>
<u>Email Address</u>		
<u>Professional Degree(s), Titles, Etc</u>		
<u>Certification or License</u>		
<b>EDUCATIONAL BACKGROUND</b>		
<u>Institution</u>	<u>City/State</u>	<u>Dates Attended</u> <u>Degree</u>
<b>PROFESSIONAL EXPERIENCE</b>		
<u>Employer</u>	<u>Address</u>	<u>Position</u> <u>Dates</u>
<b>OTHER CREDENTIALS, EXPERIENCE, PUBLICATIONS, ETC.</b> (Please enclose pertinent documents.)		
<b>PREVIOUS OR CURRENT PSYCHOTHERAPY EXPERIENCE</b> (Please tell us what the experience was like for you)		
<u>Therapist's Orientation</u>	<u>Length of Therapy</u>	<u>Comments</u>
<b>PLEASE CHECK THE ITEMS YOU HAVE SUBMITTED:</b>		
Application & Personal Statement 2-3 Letters of Reference Copy of Photo ID Copy/proof of License, if applicable	Proof of master's degree or higher. An official transcript must be mailed or emailed from your graduate school directly to the Center at <a href="mailto:gestaltcenter@gestaltnyc.org">gestaltcenter@gestaltnyc.org</a> , 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
<u>Applicant's Signature</u>		<u>Date:</u>
<b>PLEASE EMAIL ALL APPLICATION DOCUMENTS TO:</b> <a href="mailto:rosaryzap@aol.com">rosaryzap@aol.com</a> <b>PLEASE PAY \$50 FEE VIA PAYPAL TO OUR PAYPAL ACCOUNT AT</b> <a href="mailto:GESTALTCENTER@GESTALTNYC.ORG">GESTALTCENTER@GESTALTNYC.ORG</a> <b>IF PAYING BY CHECK, CONTACT</b> <a href="mailto:GESTALTCENTER@GESTALTNYC.ORG">GESTALTCENTER@GESTALTNYC.ORG</a> <b>FOR MAILING INSTRUCTIONS.</b>		

# PERSONAL STATEMENT

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