



APPLICATION TO TRAINING PROGRAMS

Check the program(s) to which you are applying

- Fundamental Concepts and Techniques of Dynamic Psychotherapy
- Clinical Program on Psychotherapy Practice
- Child and Adolescent Training Program
- Observational Studies Program: Seeing the Unseen in Clinical Work
- Intensive Short-Term Dynamic Psychotherapy
- Supervision
- National Group Psychotherapy Institute
- Psychotherapy with Older Adults and the Study of Aging

PERSONAL INFORMATION

First Name _____

Last Name _____

Degree _____

Major Profession _____

Mailing Address _____

City _____

State Abbrev. _____

Zip _____

Work Phone _____

Home Phone _____

Cell Phone _____

Email _____

Years of Experience in

Profession _____ years

Personal therapy _____ years

and/or

Group therapy _____ years

ATTACHMENTS

- Curriculum vitae
- Brief description of your work and/or mental health related experience and its duration, indicating any relationship it may have to this application.
- Additional information, including professional references, may be required after review of your application.
- Were you referred to this program by someone?
- How did you hear about WSP training programs?

APPLICATION FEES

- My \$50 nonrefundable application fee (for each program) is enclosed. I understand that, unless specifically stated, tuition does not include supervision, personal therapy, required readings and other miscellaneous charges.

Total application fee(s) enclosed _____

Method of Payment

Check no. _____

or

Credit card

issuer Mastercard __ Visa__ Discover __

Credit card no. _____

Expiration Date _____

Signature _____

Date _____

PRINT AND MAIL OR FAX THIS COMPLETED FORM WITH THE MATERIALS REQUESTED AND PAYMENT