



APPLICATION TO TRAINING PROGRAMS

Check the program(s) to which you are applying

- Checkboxes for various training programs: 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

Form fields for 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, Personal therapy, and/or Group therapy.

ATTACHMENTS

- Checkboxes for attachments: Curriculum vitae, Brief description of your work and/or mental health related experience and its duration, Additional information, Were you referred to this program by someone?, How did you hear about WSP training programs?

APPLICATION FEES

- Checkbox for application fee: 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