



APPLICATION FOR THE GTIP TRAINING PROGRAM

FOUNDERS

MARY LOU SCHACK, PH. D.

JOYCE LEWIS, LCSW
DECEASED

PHILIP LICHTENBERG, PH. D.

DAVID HENRICH, LCSW

Before July 31st, a nonrefundable \$50.00 processing fee made payable to:
Gestalt Therapy Institute of Philadelphia must accompany this application.
After July 31st, the fee is \$75.00

Name: _____ Application Date: _____

Address: _____ Date of Birth: _____ Sex: _____

City: _____ State: _____ Zip: _____ Phone: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Cell Phone: _____

Email: _____

Are you currently in a training program? If yes, please designate the program:

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Please answer the following questions on a separate paper.

1. Outline your professional training (include degrees, institutions, dates, practica or internships, major fields of study, and relevant postgraduate training).
2. Summarize your professional work experience (including what you have done in each situation).
3. Have you ever been in psychotherapy? What type(s) and how long? What was it like for you?
4. Describe an important influence in your development as a professional.
5. How do you think the Gestalt training program will help you professionally?
6. List three references that know you and your work, and have each individual e-mail our office: adminGTIP@gmail.com, or mail a reference letter to the office. (References from GTIP Directors need not be written. References from GTIP Faculty or Adjunct Faculty members or GTIP graduates may be phoned in to the office.)

After **all three** references have been received and reviewed, one of the Directors or Faculty members will contact you for an interview. Application will be complete following the interview.

FACULTY REPRESENTATIVES TO BOARD OF DIRECTORS

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