NOTE: NU Students do not need letter of recommendation or transcripts.

Download form and send resume, and of Driver’s License to

gestalttherapyoc@gmail.com

Reviewed and accepted applicants will receive further information and request for tuition payment.

**APPLICATION: *GESTALT CENTER OC First Year Training*** (June 2020)

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| --- |
| **PERSONAL INFORMATION** Date Name Address City State Zip Work Phone Cell Phone Other PhoneEmail Address OCCUPATIONProfessional 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 Reference[ ] Copy of Photo ID[ ] Copy/proof of License, if applicable | [ ] 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. | [ ]  Resume / CV |
| Applicant’s Signature Date:  |
| **PLEASE RETURN DOCUMENTS scanned to** **gestalttherapyoc@gmail.com**  |

**PERSONAL STATEMENT**

**Tell us what brought you to the center and what you want to achieve, experience, etc.**