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](mailto: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)

|  |  |  |
| --- | --- | --- |
| **PERSONAL INFORMATION**  Date  Name  Address City State Zip  Work Phone Cell Phone Other Phone  Email Address  OCCUPATION  Professional 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**](mailto:gestalttherapyoc@gmail.com) | | |

**PERSONAL STATEMENT**

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