

**APPLICATION FOR AB/ISTDP CORE TRAINING 2010-2013**

Name \_\_\_\_\_

Office Address \_\_\_\_\_

\_\_\_\_\_

OfficePhone \_\_\_\_\_

HomeAddress \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

**Professional Degrees (where and what year obtained):**

\_\_\_\_\_  
\_\_\_\_\_

**Specialized Training in Psychotherapy or Psychoanalysis**

\_\_\_\_\_  
\_\_\_\_\_

**I certify that my license to practice psychotherapy my state or country of residence is valid and up to date.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Are there any pending actions with the Board of Quality Assurance or with any professional body regarding your ethical or professional misconduct? Yes No**  
**If yes, please explain on separate sheet:**

## Agreement

I understand and accept that this is year one of a three-year training program and that my performance will be reviewed by the faculty annually. Advancement to the succeeding year's study will be by mutual consent of both the student and faculty. I also understand by accepting that my \$1800.00 tuition is not refundable. I agree to pay \$1800.00 by December 31, 2009 and the balance of \$1800.00 by June 1, 2010. All students are required to present videotaped therapy sessions following training 1.

The curriculum will consist of 4 training sessions per year.

Jan 2010	April	October	Dec
22 Jon F	2 Josette	29 Josette	10 Rob
23 Jon F	3 Josette	30 Josette	11 Rob
24 Jon F	4 Josette	31 Josette	12 Rob

## Tentative Schedule

Faculty: Robert J. Neborsky, MD; Jon Frederickson, MSW; Josette ten Have de Labije PsyD

Assistant Faculty:

Susan Warshow, Thomas Brod, Linda Gilbert, Robin L. Kay, Diana Shulman.

Visiting Faculty: Allan Abbass MD –will train as schedule permits

I understand and agree to the above terms and conditions.

Signature \_\_\_\_\_

## Credit Card Authorization

Name on Card \_\_\_\_\_

Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

I authorize the Southern California Society for ISTDP to charge my credit card on acceptance of my application and \$1750.00 on the 15<sup>th</sup> of November 2007 and the 1<sup>st</sup> of April 2006.

Signature \_\_\_\_\_

Southern CA Society for ISTDP 317 14<sup>th</sup> St Del Mar, CA 92014 858-6717 Fax 858-481-0490

Training in AB/ISTDP in San Diego, Los Angeles, and San Francisco [WWW.ISTDP.COM](http://WWW.ISTDP.COM)