

APPLICATION FOR AB/ISTDP CORE TRAINING 2011-2013

Name _____

Office Address _____

Office Phone _____

Home Address _____

Phone 0: _____ **Cell:** _____ **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 15, 2010 and the balance of \$1800.00 by May 1, 2011. All students are required to present videotaped therapy sessions following training 1.

The curriculum will consist of 4 training sessions per year on Friday-Sunday

Schedule*

Feb 2011	May	September	December
Friday 18	6	2	2
Saturday 19	7	3	3
Sunday 20	8	4	4

***Tentative**

Faculty: Robert J. Neborsky, MD, Josette ten Have de Labije PsyD

Assistant Faculty: Members of the Northern and Southern California Society for ISTDP

Visiting Faculty: Allan Abbass MD, Jon Fredrickson, LCSW

Location: Inn at Oyster Point (Board Room) 425 Marina Boulevard
South San Francisco, CA 94080 (650) 737-7633

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 \$1800.00 on the 15th of December 2010, 11, 12 and \$ 1800.00 the 1st of May 2011,12,13.

I understand and agree to the above terms and conditions.

Signature _____

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

Training in AB/ISTDP in London, Warsaw, San Diego, Los Angeles, and San Francisco