

APPLICATION FOR AB/ISTDP CORE TRAINING 2014-2016

Name _____

Office Address _____

Office Phone _____

Home Address _____

Phone _____ **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 that by accepting an admission offer any tuition paid becomes not refundable. I agree to pay \$900.00 once my application is accepted and \$1500 on January 1 and June 1 of 2014. I also understand that all students are required to present videotaped therapy sessions following training 1.

The curriculum will consist of 4 training weekend sessions per year.

Schedule*

*TBD

Faculty: Robin L. Kay, PhD, Coordinator
Robert J. Neborsky, MD, Josette ten Have de Labije PsyD

Location: UCLA Semel Neuropsychiatric Institute

Credit Card Authorization

Name on Card _____

Number _____ Expiration Date _____

I authorize the Southern California Society for ISTDP to charge my credit card \$900 on acceptance of my application and \$1500 on 1st of January and on the 1st of June 2014.

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