



# G C L I

## THE GESTALT CENTER OF LONG ISLAND

GESTALT CENTER OF LONG ISLAND - 60 East Mall Drive, Melville, NY 11747  
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### 3 YEAR CERTIFICATE TRAINING PROGRAM APPLICATION

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

#### EDUCATION AND TRAINING

Year \_\_\_\_\_ Institution \_\_\_\_\_

Degree \_\_\_\_\_ Major Field of Study \_\_\_\_\_

#### PSYCHOTHERAPY WORK EXPERIENCE

Dates \_\_\_\_\_

Organization \_\_\_\_\_

Type of Work \_\_\_\_\_

#### RELATED WORK EXPERIENCE

Dates \_\_\_\_\_

Organization \_\_\_\_\_

Type of Work \_\_\_\_\_

#### PERSONAL THERAPY

Dates \_\_\_\_\_

Therapist \_\_\_\_\_

Modality \_\_\_\_\_

#### PERSONAL ESSAY

Please attach a personal statement (approx. 500 words), about yourself, and your reasons for wanting to enter the Certificate Training Program.

Please return this application along with a \$25 application fee to the address above.