



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.