

The Psychotherapy Institute
Group Therapy Training Program

Fundamentals of Group Therapy
2007-2008 Application Form

(Please submit with a non-refundable fee of \$50.00 for processing application.)

Name _____ Date _____

Address _____

City/State/Zip _____

Home Phone _____ Work Phone _____

E-mail address _____

Professional Degree(s) _____ Type of License _____

License Number _____ Month & Year obtained _____

Total number of hours of group facilitation experience to date _____

LETTERS OF REFERENCE

Three letters of reference in support of your application are to be sent to
The Psychotherapy Institute, (attention Group Therapy Training Program)

Please list the names and phone numbers of the individuals from whom
you will request letters of reference:

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

