

ENROLLMENT APPLICATION -- PROFESSIONAL TWO-YEAR PROGRAM

There is a non-refundable application fee of \$50.00. Please send a check with your application. Your fee must be received before your application will be processed.

Name _____

Address _____

Phones: Home _____ Cell _____ Office _____

Fax _____ Email _____

Educational Background

College	Degree	Years attended
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Graduate School	Degree	Years attended
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Professional Education	Certification	Years attended
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Please list your licenses, certifications, years granted and state:

Employment History

Current position _____

Name of organization _____

Type of work _____

Number of years _____

Previous position _____

Name of organization _____

Type of work _____

Number of years _____

If you are currently in practice, write a short paragraph describing your practice, number of client hours, and your practice philosophy and modalities.

Please write an autobiographical statement, limited to 3 typed pages, sharing the major emotional and spiritual events in your life.

Please write a paragraph expressing your motivation for applying to this program; your strengths and limitations, personally & professionally; and your personal and professional goals.

Send your application and recommendation letters from two people with knowledge of your motivation, relevant experiences and potential to:

Karyne B. Wilner, PsyD

Integrated Psychological Services Center

1005 Aquidneck Avenue, First Floor, Middletown, RI 02842

You may also email your application to Karynew@aol.com .