

APPLICANT INFORMATION

Last	First	MI	Today's Date
Street Address		Apartment/Unit #	
City	State	Zip	
Phone	E-mail address		

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever been convicted of a felony? YES NO If yes, explain in an attached statement.

EDUCATION

College	Major	Year of Graduation
Graduate School	Major	Year of Graduation
Have you completed other advanced training?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Describe
Do you have any licenses or certifications?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Describe

PROFESSIONAL REFERENCES

Name	Relationship	Phone
Name	Relationship	Phone
Name	Relationship	Phone

INTERNSHIP/PRACTICUM PLACEMENT

Agency	Phone
Supervisor	May we contact? YES <input type="checkbox"/> NO <input type="checkbox"/>
Responsibilities	

CURRENT EMPLOYMENT

Employer	Dates	Hours per week
Supervisor	May we contact? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Responsibilities		

ADDITIONAL INFORMATION

Have you had personal psychotherapy? YES NO Individual Group Dates

Limited merit/need based support is available. Are you interested in applying? YES NO If yes, please attach a statement indicating your reasons.

Please include a brief (1 - 2 pages) personal, biographical sketch including a statement of your reasons for wanting to pursue training in combined individual and group psychotherapy.

ATTACHMENTS

- | | |
|---|---|
| <input type="checkbox"/> Application fee - \$25 (applicants may request waiver) | <input type="checkbox"/> Financial aid request |
| <input type="checkbox"/> Copy of academic transcripts | <input type="checkbox"/> Personal biographical sketch |
| <input type="checkbox"/> Copy of diplomas & certifications | <input type="checkbox"/> Resume |

Completed applications should be mailed to:

The Institute for Individual and Group Psychotherapy, 29600 Northwestern Hwy, Suite 100A, Southfield, MI 48034 • (248) 353-5333

SIGNATURE

I certify that my answers are true and complete. I understand that false or misleading information in my application or interview may result in my release.

Signature	Date
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