

**APPLICATION FORM: Washington School of Psychiatry**  
For Training Programs and National Group Psychotherapy Institute

Please print form and mail or fax to WSP. (See mailing address below;  
fax 202-237-2730)

Name \_\_\_\_\_ Degree \_\_\_\_\_

Major Profession \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Fax (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Please indicate the training program(s) for which you are applying:

\_\_\_\_\_

My \$50 nonrefundable application fee (for each program) is enclosed. I understand that, unless specifically stated, tuition does not include supervision, personal therapy, required readings and other miscellaneous charges.

\_\_\_\_\_ Total application fee(s) enclosed

(Make checks payable to Washington School of Psychiatry.)

Please bill my credit card for the total amount indicated above.

Master Card       VISA       Discover

Account Number \_\_\_\_\_ Expir. Date \_\_\_\_\_

Signature \_\_\_\_\_ (must be provided to charge)

Personal Information:

Years of Experience in Profession: \_\_\_\_\_ yrs

Personal and or Group therapy: Personal : \_\_\_\_\_ yrs    Group: \_\_\_\_\_ yrs

Experience: Attach curriculum vitae and a brief description of your work and/or mental health related experience and its duration, indicating any relationship it may have to this application. Additional information, including professional references, may be required after review of your application.

Send this completed form with other materials requested to:

Registrar, Washington School of Psychiatry  
5028 Wisconsin Ave., NW, Suite 400  
Washington, DC 20016-4118

After your application has been received, you will be contacted by a program representative.