

**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)

Date _____

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.