

# 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:

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## **Employment History**

Current position \_\_\_\_\_

Name of organization \_\_\_\_\_

Type of work \_\_\_\_\_

Number of years \_\_\_\_\_

Previous position \_\_\_\_\_

Name of organization \_\_\_\_\_

Type of work \_\_\_\_\_

Number of years \_\_\_\_\_

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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:

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Karyne B. Wilner, PsyD

Integrated Psychological Services Center

PO Box 88, Portsmouth, RI 02871

You may also email your application to [Karynew@aol.com](mailto:Karynew@aol.com) .