



APPLICATION
Certificate Program in Spiritually-Informed Psychotherapies

Name: _____ Date: _____

Mailing
Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email
Address: _____

Current school/continuing educational program (If applicable):

Prospective date of completion: _____ Number of hours of instruction: _____

Professional Title:

____ Health Care Professional ____ Mental Health Counselor ____ Social Worker
____ Clergy/Minister ____ Psychologist ____ Creative Arts Therapist
____ Physician ____ Other Certified Specialist: _____

Position: _____

Place of Employment: _____ City: _____ State: _____

Current License Held: _____ State: _____

List all other current Certifications: _____

Earned College Degree(s): _____

School(s) Attended for Degree: _____

How did you hear about our program? _____

Applications may also be submitted with payment online: www.psinyc.org



APPLICATION REQUIREMENTS

Application due by **June 5, 2019** and *must* include:

- Completed application form**
- \$40.00 nonrefundable application fee**
- Statement of purpose (approximately 250-500 words)**
The statement of purpose should address your purpose and interest in pursuing the program, how the program fits into your overall academic, professional, and/or personal goals.
- A résumé or CV with specific mention of education, credentials, and experience**

Please submit the material electronically to jheller@mindspirit.org or mail to:

Jessica E. Heller, MPS, ATR-BC, LCAT
Psychotherapy & Spirituality Institute
120 Broadway 38th Floor
New York, NY 10271

Method of Payment:
(Please send payments to the address below)

Checks and money orders are payable to: Psychotherapy & Spirituality Institute

_____ Check

_____ Money Order

- * *Full refunds available to those who withdraw by 5/1/19.*
- A 50% refund available to those who withdraw by 6/12/19.*
- No refunds will be granted after the first day of the program.*

Signature: _____

Date: _____

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