

GESTALT THERAPY TRAINING CENTER—NORTHWEST
757 SE 34th Avenue / Portland, OR 97214 / 503 230-0900
Jon Frew, Ph.D./Eva Gold, Psy.D./Steve Zahm, Ph.D., Directors

**BUDDHIST PSYCHOLOGY AND CONTEMPORARY GESTALT THERAPY: BRINGING
MINDFULNESS TO PSYCHOTHERAPY PRACTICE**

TRAINING is didactic and experiential, takes place in a supportive learning community, and focuses on each trainee's personal as well as professional growth through readings, lecture, demonstration, supervised practicum, and guided meditation experience. All levels of clinical experience are welcome. For more information on the program, click on the 'Buddhist Psychology and Gestalt Therapy' and 'Training Programs' links.

SCHEDULE is for six weekend workshops that meet Fridays 7-9:30 PM, Saturdays 10 AM-5:30 PM, and Sundays 9:30AM-1:00 PM, for a total of 12 training hours per weekend, or 72 for the entire program. **Dates for the series are: November 12-14, 2010 / Feb 25-27, 2011 / April 29-May 1, 2011 / Oct 28-30, 2011 / Jan 27-29, 2012 / Apr 27-29, 2012.**

TUITION is \$1,590. and includes selected readings. Some partial scholarships are available. A scholarship request form is available with this application.

FACULTY Eva Gold, Psy. D., and Steve Zahm, Ph. D., are skilled at creating an atmosphere of support in which learning and personal growth are enhanced. They each have more than thirty years of Gestalt therapy training/experience. Both maintain private practices, have written and published extensively on the theory and practice of Gestalt therapy, and have trained and presented nationally and internationally. They have studied Buddhist psychology, presented on Buddhist psychology and Gestalt therapy, and they are both *vipassana* meditation practitioners.

APPLICATION deadline is September 15, 2010. **Group size is limited and applicants generally exceed available space--we encourage early application!** In the event of equally qualified applicants, the date of application is used to determine acceptance.

CONTINUING EDUCATION CREDIT is available. 72 credits are awarded for this program, 12 per each weekend completed in its entirety.

GTTC-NW is approved by the American Psychological Association to sponsor continuing education for psychologists. GTTC-NW maintains responsibility for this program and its content.

GTTC-is approved by the California Board of Behavioral Sciences to offer continuing education for MFT and LCSW licensure requirements in California (PCE #4314).

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**2010-2012 BUDDHIST PSYCHOLOGY AND CONTEMPORARY GESTALT
THERAPY TWO-YEAR TRAINING PROGRAM APPLICATION**

2010-2012 DATES: NOVEMBER 12-14, 2010 / FEB 25-27, 2011 / APRIL 29-MAY 1, 2011 OCT 28-30, 2011 / JAN 27-29, 2012 / APR 27-29, 2012

\$195. DEPOSIT AND ENCLOSED FINANCIAL AGREEMENT MUST ACCOMPANY APPLICATION. DEPOSIT IS REFUNDABLE ONLY IF YOU ARE NOT ACCEPTED INTO THE PROGRAM. PLEASE PRINT APPLICATION AND FINANCIAL AGREEMENT AND MAIL COMPLETED FORMS WITH DEPOSIT.

PLEASE RETURN ALL MATERIALS TO GTTCNW AT ADDRESS ABOVE.

Date of Application: _____

Name: _____ Phone#s (H): _____ (W) _____

Address: _____
City, State, Province, Zip Code

E-Mail address: _____ (Please print clearly)

Please use additional sheets of paper, if necessary, to complete your responses to the following

Degrees held:

Year	Institution	Degree
_____	_____	_____
_____	_____	_____

Previous post-graduate training experiences:

Year	Length of Time	Name of Program	Leader (s)
_____	_____	_____	_____
_____	_____	_____	_____

How did you hear about GTTCNW? _____

Please indicate why you have chosen this program and how you see it meeting your needs: _____

Current Occupation: _____ Position: _____

Organization: _____

Address: _____

If student, program/year _____

Previous position/occupation (optional) Name of Organization Dates of Employment: _____

Have you had individual or group psychotherapy? _____

How was this experience for you? _____

Have you had previous meditation experience? _____

Do you currently have a daily meditation practice? _____ If so, describe.

Have you attended meditation retreats? _____

How was this experience for you? _____

Please list two references. If you are currently in clinical supervision, please list your clinical supervisor as one of your references. You may also list professional colleagues.

Name of Reference () Day Phone Number

Mailing Address City, State/Province Zip email address

Name of Reference () Day Phone Number

Mailing Address City, State/Province Zip email address

Gestalt Therapy Training Center--Northwest is approved by the **American Psychological Association** to sponsor continuing education for psychologists. Gestalt Therapy Training Center--Northwest maintains responsibility for this program and its content.

Gestalt Therapy Training Center—Northwest is approved by the **California Board of Behavioral Sciences** to offer continuing education for MFT and LCSW licensure requirements in California (PCE # 4314).

Other disciplines (LPC, OR LCSW, PNP,) etc. check with your licensing organization for CE information for programs with above sponsorship approvals.

Will you be seeking continuing education credit? _____

_____ Psychologist _____ Other discipline (Please indicate) _____

Gestalt Therapy Training Center--Northwest considers all applicants without regard to race, color, national origin, age, religion, gender, sexual orientation, or disability.

Please indicate any special needs you may have _____

TWO YEAR TRAINING PROGRAM FINANCIAL AND POLICY AGREEMENT

IMPORTANT DATES:

APPLICATION DEADLINE: September 15, 2010

NOTIFICATION OF ACCEPTANCE/SCHOLARSHIP APPROVAL: By September 22, 2010

TRAINING DATES: NOV 12-14, 2010 / FEB 25-27, 2011 / APR 29-MAY 1, 2011 / OCT 28-30, 2011 / JAN 27-29, 2012 / APR 27-29, 2012

TUITION PAYMENT: (PLEASE READ CAREFULLY) Tuition for the two year training is **\$1,590.** and includes reading materials. **Your tuition balance** (\$1,395. after application deposit, or \$1,205. if you receive a partial scholarship) **is due on November 1, 2010.** If you are unable to pay the full balance, and would like to pay on a **payment schedule**, \$500. is **due on November 1, 2010** (Approved partial scholarships may be subtracted from this first payment.) The remaining balance may then be paid in two payments of \$450. and \$445. **due on February 1, 2011, and April 1, 2011. If you need an adjustment in the above schedule due to your personal financial situation, please feel free to discuss this with us.** If you plan to pay on a payment schedule, please initial here _____.

REFUND POLICY: (PLEASE READ CAREFULLY) The application deposit is **nonrefundable**, except in the event that you are not accepted into the program. **Upon acceptance, you are reserving a space in the training program for a series of six weekend workshops** over the course of two years. There are **no tuition refunds, and no tuition reductions for partial attendance or missed weekends.** There is no provision for making up missed hours. The payment plan schedule is extended as a courtesy, and does not change the obligation for the full tuition payment.

Your signature below indicates that you have read and agree to the above policies.

Signature

Date

PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS

TWO YEAR TRAINING PROGRAM SCHOLARSHIP REQUEST FORM

Maximum partial scholarship is \$190. for the two-year program. Partial scholarships are awarded based on number of requests, reason for request, and availability. Remaining tuition balance (\$1,205 after application deposit) is the responsibility of the applicant. Partial scholarships may NOT be used for application deposit. Deposit check must accompany application.

If you would like to be considered for a partial scholarship, please complete the following:

Name: _____ Telephone: _____

Address: _____

e-mail: _____

If you are a full-time student or currently unemployed check here: _____

Otherwise, please indicate reason for your request: _____
