

Eastern Group Psychotherapy Society

2018 – 2019 Advanced Consultation Program Application

PLEASE PRINT CLEARLY and provide complete information.

Name and Degree(s): _____

Address: _____

Telephone: Day _____ Evening _____ Cell: _____

E-mail _____

Current Position and Affiliation: _____

If currently leading group(s), please describe: _____

Year you Graduated from the EGPS One-Year Training Program: _____

If you attended another group therapy training program indicate which program you attended:

Year: _____ Did you complete the program? _____

Payment information:

Tuition for the Advanced Supervision Program through the EGPS One-year Training Program is \$1,200.

The first payment is due with this signed contract. This signed contract and payment of \$600 will hold your place in the group.

My payment of \$600: is enclosed by check credit card information is provided

Credit card #: _____ Code: _____ Expiration Date: _____

Address where you receive your credit card bill if different from above: _____

Name on credit card if different from above: _____

Signature: _____ Date: _____

Please fax this completed application to the EGPS office at: 631 223-1726 or mail to:

EGPS, PO Box 20686,
Huntington Station, NY 11746-0861
631 385-0763 ♦ fax 631 223-1726
info@egps.org ♦ www.egps.org