

Sensorimotor Psychotherapy Institute

PO BOX 19438 Boulder, CO 80308

Ph: 303-447-3290

Toll free: 1-800-860-9258

Fax: 303-402-0862

Email: office@sensorimotor.org

Website: www.sensorimotorpsychotherapy.org

Application for admission to the Sensorimotor Psychotherapy Training for Trauma Treatment

Location of training for which you are applying (city and state) _____

1. Please type a complete application. (This cover sheet must be included).

2. Applications may be sent to the above address or emailed to office@sensorimotor.org.

Please enclose a check for \$25 (non-refundable application fee); Visa and MC are also accepted.

Credit card # _____ Exp. Date _____ Visa ___ MC ___

Name: _____ Today's Date: _____

Birth Date: _____ Sex: _____

Address: _____

City, State & Zip: _____

Telephone: (Hm) _____ (Wk) _____

(Fax) _____ E-Mail: _____

Emergency Contact: _____ (Relationship) _____

Contact Info: _____

Previous SPI Training/workshops, or Conferences you have attended:

Instructor(s): _____

Location: _____ Dates: _____

A) Please provide two professional references and include phone numbers, addresses, and especially email addresses if you have them.

B) Please include a resume or curriculum vitae with Occupational and Educational History.

PLEASE ANSWER THE FOLLOWING QUESTIONS. RESPONSES MUST BE TYPED.

1. Why do you want to do the SPI Training for the Treatment of Trauma?

2. Describe whatever might be important for us to know about you (such as personal information or history, learning style, group participation style, etc.) that is pertinent to your participation in an experiential, body-oriented training

3. Describe the type of psychotherapy practice and clientele you work with, methods used, and degree of satisfaction, and/or success you receive from your work.

ALL STUDENTS ARE CONSIDERED FOR ADMISSION TO THE SPI TRAINING PROGRAMS REGARDLESS OF SEX, RACE, AGE, SEXUAL ORIENTATION OR RELIGION