

Developmental Somatic Psychotherapy™ Two-Year Training Program New York City

2015-2017 Schedule

Module One

October 25 - 30, 2015

Module Two

February 14 - 19, 2016

Module Three

October 2 - 7, 2016

Module Four

March 12 - 17, 2017

Trainings meet for 5 full days and 1 half day per module:

Sun., Mon., Tues., Thur. & Fri.

9:30 am - 5:00 pm

Wed.

9:30 am - 1:00 pm

Two-Year Tuition

\$6,500

Payment Schedule

Payments 1st year

1st payment	1/31/15	\$ 900
2nd payment	4/30/15	\$ 1,200
3rd payment	7/31/15	\$ 1,200
Total		\$ 3,300

Payments 2nd year

4th payment	4/30/16	\$ 1,600
Balance	7/31/16	\$ 1,600
Total		\$ 3,200

Payment Options

Make checks payable to Ruella Frank, Ph.D. and mail to:

Ruella Frank
124 West 93rd Street, #2C
New York, NY 10025

Payments from outside the U.S. can be sent by international bank check or bank wire* in US Dollars. *Wires require that you cover all bank charges on both ends. Please add an additional \$15 to your payment to cover **our** banking costs and check with **your** bank regarding the cost of their fees.

Payment by credit card through PayPal requires an additional 4.2% fee. Wire and PayPal information will be provided by email.

Cancellation Policy

If you cancel, you must do so two months before the training begins to receive a refund, less \$200 for processing. If you cancel less than two months before the training starts AND we can fill your space, we will also refund you, less \$200 for processing.

Check box

I agree to these terms and conditions
Please sign below if you are submitting the form by mail instead of email.

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Developmental Somatic Psychotherapy™

Two-Year Training Program New York City, 2015-2017

Application

Name _____ Date of birth _____

Institution _____

Address _____

City _____ State _____ Zip _____

Country _____

Home phone _____ Work phone _____

Mobile phone _____

Email _____

The following questions are an important part of your application. Please answer them as fully and completely as possible. Use a separate paper if you don't fill in this form digitally.

1. What is your educational background?

2. What kind of work do you do now?

Center for Somatic Studies

Ruella Frank, Ph.D. Director

movement is the root of psychological functioning

3. Do you have any formal psychotherapy training? What was the nature of the training, its title, and who were your trainers?

4. Have you been in personal therapy? What kind and for how long? What were your three principal achievements?

5. What personal and professional goals do you have for this training?

6. Please have two recommendations, one personal and one professional, sent directly to:

Ruella Frank
124 West 93rd Street, #2C
New York, NY 10025
USA

Further information regarding an interview, either in person or by telephone, will be sent to you.

Please email complete application to: ruellafrank@gmail.com. You can also print the form and mail the completed application to the address above.