

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

### 2017-2019 Schedule

#### Module One

September 25 - 30, 2017

#### Module Two

March 19 - 24, 2018

#### Module Three

October 15 - 20, 2018

#### Module Four

March 25 - 30, 2019

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

Monday, Tuesday, Wednesday, Friday  
and Saturday 9:30 am - 4:30 pm  
Thursday 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
<b>Total</b>		<b>\$ 3,300</b>

#### Payments 2nd year

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

### 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.

Signature

Date

*continue on next page*

## Developmental Somatic Psychotherapy™

Two-Year Training Program New York City, 2017-2019

### Application

Please fill in your information digitally, or print the form.

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 questions 4 & 5 in as much detail as possible.** The boxes below have **no word count limit.** 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

*movement is the root of psychological functioning*

Ruella Frank, Ph.D. Director

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](mailto:ruellafrank@gmail.com)

You can also print the form and mail the completed application to the address above.