

## Stockholm, Sweden Developmental Somatic Psychotherapy™ 2019-21 European Training Program

<b>Schedule</b>	<b>Module One</b>	<b>Module Two</b>
	May 10 - 13, 2019	October 11 - 14, 2019
	<b>Module Three</b>	<b>Module Four</b>
	May 8 - 11, 2020	October 9 - 12, 2020
	<b>Module Five</b>	
	May 7 - 10, 2021	
	Trainings meet Friday, Saturday, Sunday, Monday 9:30 am - 4:30 pm	

**Tuition** **\$6,800**

<b>Payment Schedule</b>	1st payment November 30, 2018	\$ 1,700
	2nd payment February 28, 2019	\$ 1,700
	3rd payment September 31, 2019	\$ 1,700
	4th payment January 31, 2020	\$ 1,700
	<b>Total</b>	<b>\$ 6,800</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 made through an online transfer service (for example *TransferWise.com*), international bank check, or bank wire\* in US Dollars. Please cover all transfer service fees.

\*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.

**Please sign** I agree to these terms and conditions.

\_\_\_\_\_  
Print Your Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**Stockholm, Sweden**

**Developmental Somatic Psychotherapy™**

**2019-21 European Training Program**

**Application**

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Name Date of birth

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Institution

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Address

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City State Zip

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Country

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Home phone Work phone

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Mobile phone

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Email

Please answer the following questions **in as much detail as possible, several paragraphs each**, on separate paper. They are an important part of your application.

1. What is your educational background?
2. What kind of work do you do now?
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 2 professional recommendations (trainer, professor, supervisor) 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.