

Developmental Somatic Psychotherapy™ 2022-23 Online Training Program

Schedule	Module One October 7 - 9, 2022	Module Two November 11 - 13, 2022	Module Three December 2 - 4, 2022
	Module Four January 13 - 15, 2023	Module Five February 10 - 12, 2023	Module Six March 10 - 12, 2023
	Module Seven April 14 - 16, 2023	Module Eight May 12-14, 2023	

Trainings meet 2 1/2 days per module on ZOOM:

Friday and Saturday 8:30 am - 2:30 pm*

Sunday 8:30 am - 11:00 am*

*Eastern Standard Time. Please check specific time zones in your country.

Tuition **\$5,250**

Payment Schedule	1 st payment by August 31, 2022	\$ 1,750
	2 nd payment by October 31, 2022	\$ 1,750
	3 rd payment by December 31, 2022	\$ 1,750
	Total	\$ 5,250

Payments Options **Payments outside the U.S.** can be sent through online money transfer services such as: "TransferWise," international bank check, Paypal or bank wire.

Payments within the U.S. can be made by US check or Paypal.

You will receive detailed payment information with your acceptance letter.

Cancellation Policy If you cancel, you must do so one month before the training begins to receive a refund, less \$200 for processing. If you cancel less than one month 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

continue on next page

Developmental Somatic Psychotherapy™ 2022-23 Online Training Program

Application

Name	Date of birth		
Institution			
Address			
City	State	Zip	
Country			
Home phone		Work phone	
Mobile phone			
Email			

The following questions must be answered in as much detail as possible. They are an important part of your application.

1. What is your educational background?
2. Describe your formal psychotherapy training; the specific modality (Gestalt, psychoanalytic, Jungian, etc.), the years of your training, and an indication of the varied courses and workshops you attended during your training.
3. What motivated you to train as a psychotherapist?
4. What modality did you choose for your personal psychotherapy? What was the length of time spent in your therapy? Describe in some detail three principal achievements gained in your personal therapy.
5. What is your interest in applying to the Developmental Somatic Psychotherapy training program?
6. What personal and professional goals do you have for this program?
7. Please have 2 professional recommendations (trainer, supervisor, professor) emailed to: **ruellafrank@gmail.com**

Further information regarding an interview by ZOOM will be sent to you once the application and recommendations have been reviewed.

Please **include a photo** in the application and send to: **ruellafrank@gmail.com**