

Developmental Somatic Psychotherapy™

2024-25 Online Training Program

Schedule	Module One March 8 - 10, 2024	Module Two May 3 - 5, 2024	Module Three July 12 - 14, 2024
	Module Four September 13 - 15, 2024	Module Five November 1 - 3, 2024	Module Six January 24 - 26, 2025
	Module Seven March 14 - 16, 2025	Module Eight May 16 - 18, 2025	

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 January 31, 2024	\$ 1,750
	2 nd payment by March 31, 2024	\$ 1,750
	3 rd payment by May 31, 2024	\$ 1,750
	Total	\$ 5,250

Payments Options **Payments within the U.S.** can be made by Venmo, Zelle, Paypal or US check.

Payments outside the U.S. can be made by Paypal, OFX or bank wire.

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 \$300 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™

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Application

Name	Date of birth	
Institution		
Address		
City	State	Zip
Country		
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**