

**GESTALT THERAPY TRAINING CENTER—NORTHWEST**  
2633 SE 35th Place / Portland, OR 97202 / 503 230-0900  
Jon Frew, Ph.D./Eva Gold, Psy.D./Steve Zahm, Ph.D., Directors

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**BUDDHIST PSYCHOLOGY AND CONTEMPORARY GESTALT THERAPY: BRINGING  
MINDFULNESS TO PSYCHOTHERAPY PRACTICE**

**TRAINING** is didactic and experiential, takes place in a supportive learning community, and focuses on each trainee's personal as well as professional growth through readings, lecture, demonstration, supervised practicum, and guided meditation experience. All levels of clinical experience are welcome. For more information on the program, click on the 'Buddhist Psychology and Gestalt Therapy' and 'Training Programs' links.

**SCHEDULE** is for six weekend workshops that meet Fridays 7-9:30 PM, Saturdays 10:00 AM-5:30 PM, and Sundays 9:30AM-1:00 PM, for a total of 12 training hours per weekend, or 72 for the entire program. **Dates for the series are: November 2-4, 2012 / Feb 22-24, 2013 / May 31-June 2, 2013 / Sept 27-29, 2013 / Jan 24-26, 2014 / May 2-4, 2014.**

**TUITION** is \$1,590. and includes selected readings. Some partial scholarships are available. A scholarship request form is available with this application.

**SENIOR FACULTY** Eva Gold, Psy. D., and Steve Zahm, Ph. D., are skilled at creating an atmosphere of support in which learning and personal growth are enhanced. They each have more than thirty years of Gestalt therapy training/experience. Both maintain private practices, have written and published extensively on the theory and practice of Gestalt therapy, and have trained and presented nationally and internationally. They have studied Buddhist psychology, presented on Buddhist psychology and Gestalt therapy, and they are both (*Vipassana*) Insight Meditation practitioners.

**APPLICATION** deadline is September 14, 2012. **Group size is limited and applicants generally exceed available space--we encourage early application!** In the event of equally qualified applicants only, the date of application is used to determine acceptance.

**CONTINUING EDUCATION CREDIT** is available. **72 credits** are awarded for this program, **12 per each weekend completed in its entirety.**

GTTC-NW is approved by the American Psychological Association to sponsor continuing education for psychologists. GTTC-NW maintains responsibility for this program and its content.

GTTC-is approved by the California Board of Behavioral Sciences to offer continuing education for MFT and LCSW licensure requirements in California (PCE #4314).

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**2012-2014 BUDDHIST PSYCHOLOGY AND CONTEMPORARY GESTALT  
THERAPY TWO-YEAR TRAINING PROGRAM APPLICATION**

**2012-2014 DATES:** NOVEMBER 2-4, 2012 / FEB 22-24, 2013 / MAY 31-June 2, 2013 / SEPT 27-29, 2013 / JAN 24-26, 2014 / MAY 2-5, 2014

**\$195. DEPOSIT AND ENCLOSED FINANCIAL AGREEMENT MUST ACCOMPANY APPLICATION. DEPOSIT IS REFUNDABLE ONLY IF YOU ARE NOT ACCEPTED INTO THE PROGRAM.** PLEASE PRINT APPLICATION AND FINANCIAL AGREEMENT AND MAIL COMPLETED FORMS WITH DEPOSIT.

**PLEASE RETURN ALL MATERIALS TO GTTCNW AT ADDRESS ABOVE.**

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_ Phone#s (H): \_\_\_\_\_ (W) \_\_\_\_\_

Address: \_\_\_\_\_  
City, State, Province, Zip Code

E-Mail address: \_\_\_\_\_ (Please print clearly)

Please use additional sheets of paper, if necessary, to complete your responses to the following

Degrees held:

Year	Institution	Degree
_____	_____	_____
_____	_____	_____

Previous post-graduate training experiences:

Year	Length of Time	Name of Program	Leader (s)
_____	_____	_____	_____
_____	_____	_____	_____

How did you hear about GTTCNW? \_\_\_\_\_

Please indicate why you have chosen this program and how you see it meeting your needs: \_\_\_\_\_  
\_\_\_\_\_

Current Occupation: \_\_\_\_\_ Position: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Address: \_\_\_\_\_

If student, program/year \_\_\_\_\_

Previous position/occupation (optional) Name of Organization Dates of Employment: \_\_\_\_\_  
\_\_\_\_\_

Have you had individual or group psychotherapy? \_\_\_\_\_

How was this experience for you? \_\_\_\_\_

\_\_\_\_\_

Have you had previous meditation experience? \_\_\_\_\_

Do you currently have a daily meditation practice? \_\_\_\_\_ If so, describe.

\_\_\_\_\_

Have you attended meditation retreats? \_\_\_\_\_

How was this experience for you? \_\_\_\_\_

\_\_\_\_\_

Please list two references. If you are currently in clinical supervision, please list your clinical supervisor as one of your references. You may also list professional colleagues.

\_\_\_\_\_  
Name of Reference ( ) Day Phone Number

\_\_\_\_\_  
Mailing Address City, State/Province Zip email address

\_\_\_\_\_  
Name of Reference ( ) Day Phone Number

\_\_\_\_\_  
Mailing Address City, State/Province Zip email address

**Gestalt Therapy Training Center--Northwest is approved** by the **American Psychological Association** to sponsor continuing education for psychologists. Gestalt Therapy Training Center--Northwest maintains responsibility for this program and its content.

**Gestalt Therapy Training Center—Northwest is approved** by the **California Board of Behavioral Sciences** to offer continuing education for MFT and LCSW licensure requirements in California (PCE # 4314).

Other disciplines (LPC, OR LCSW, PNP,) etc. check with your licensing organization for CE information for programs with above sponsorship approvals.

Will you be seeking continuing education credit? \_\_\_\_\_

\_\_\_\_\_ Psychologist \_\_\_\_\_ Other discipline (Please indicate) \_\_\_\_\_

Gestalt Therapy Training Center--Northwest considers all applicants without regard to race, color, national origin, age, religion, gender, sexual orientation, or disability.

Please indicate any special needs you may have \_\_\_\_\_

\_\_\_\_\_

## TWO YEAR TRAINING PROGRAM FINANCIAL AND POLICY AGREEMENT

### **IMPORTANT DATES:**

APPLICATION DEADLINE: September 14, 2012

NOTIFICATION OF ACCEPTANCE/SCHOLARSHIP APPROVAL: By September 24, 2012

TRAINING DATES: NOV 2-4, 2012 / FEB 22-24 2013 / MAY 31-June 2, 2013 / SEPT 27-29, 2013 / JAN 24-26, 2014 / MAY 2-4, 2014

**TUITION PAYMENT: (PLEASE READ CAREFULLY)** Tuition for the program is **\$1,590.** and includes reading materials. **Your tuition balance** (\$1,395. after application deposit, or \$1,205. if you receive a partial scholarship) **is due by October 19, 2012.** If you are unable to pay the full balance, and would like to pay on a **payment schedule**, \$500. is **due by October 12, 2012** (Approved partial scholarships may be subtracted from this first payment.) The remaining balance may then be paid in two payments of \$450. and \$445. **due on February 1, 2013, and May 1, 2013. If you need an adjustment in the above schedule due to your personal financial situation, please feel free to discuss this with us.** If you plan to pay on a payment schedule, please initial here \_\_\_\_\_.

**REFUND POLICY: (PLEASE READ CAREFULLY)** The application deposit is **nonrefundable**, except in the event that you are not accepted into the program. **Upon acceptance, you are reserving a space in the training program for a series of six weekend workshops.** There are **no tuition refunds, and no tuition reductions for partial attendance or missed weekends.** There is no provision for making up missed hours, and **CE CREDIT CANNOT BE AWARDED FOR PARTIAL ATTENDANCE AT A WEEKEND.** (Credit is awarded for each weekend completed in its entirety). The payment plan schedule is extended as a courtesy, and does not change the obligation for the full tuition payment.

Your signature below indicates that you have read and agree to the above policies.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS**

**TWO YEAR TRAINING PROGRAM SCHOLARSHIP REQUEST FORM**

**Maximum partial scholarship is \$190. for the two-year program. Partial scholarships are awarded based on number of requests, reason for request, and availability. Remaining tuition balance (\$1,205 after application deposit) is the responsibility of the applicant. Partial scholarships may NOT be used for application deposit. Deposit check must accompany application.**

If you would like to be considered for a partial scholarship, please complete the following:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

e-mail: \_\_\_\_\_

If you are a full-time student or currently unemployed check here: \_\_\_\_\_

Otherwise, please indicate reason for your request: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_