



SEPI Training Application Form

For Office Use Only

Date Received: _____

Payment: _____

Applicant Prerequisites:

***Have a LMFT, MFTi, LCSW, LPCC, Licensed Psychologist, RN, FNP, MD or are a health professional with psychological training.**

***Have completed a Master's degree or are in the process of completing a Master's degree in Counseling Psychology or Social Work.**

***Are actively seeing clients and work includes a psychological context.**

FULL NAME: _____

DATE OF BIRTH: _____ (month/day/year)

HOME ADDRESS: _____

PHONE NUMBERS:

Home: _____ **Work/Cell:** _____

Email Address: _____

Profession/License: _____

Area(s) of Specialization: _____

The following required items must be mailed with this application:

- 1. A current resume or curriculum vitae (CV)**
- 2. Signed Student Informed Consent Form**
- 3. Payment in the form of check or money order**

Please mail to: SEPI Training 239 Miller Ave., Suite 5 Mill Valley, CA 94941

I am applying for SEPI Training beginning: Sept., 2015 Sept., 2016

I learned about SEPI Training via: Web search Referral Postcard/Email

Do you require special aids or services? Audio Visual Mobile N/A

What brings you to sign up for the SEPI Training? Why now? What are two things that you would like to receive from the program?

Please describe your private practice. If you're in the process of completing a graduate degree, please discuss your program and when you will begin seeing clients. (I.e. How long have you been in practice? Type of practice? Number of clients/week?)

Please discuss your experience with somatic-based modalities (body focused psychotherapy, movement practice, etc.)?

Do you have a spiritual or religious practice? If so please comment.

Do you have any emotional, physical, or other concerns you would like us to know about?

Has any grievance, complaint, or action been brought or filed against you before any licensing, regulating, associative, or legal body for any violation or misconduct of any kind? Yes No.

If yes, please send an email, which explains as much detail as you are permitted to offer, to: SEPI@christinedonohue.com

Are you interested in receiving CEU credit for this training? Yes No

Emergency Contact Information:

Name: _____ **Relationship:** _____

Phone: _____

All information shared in this application will be held with confidence. Within five to eight business days from the receipt of your completed application, you will be notified by email of your application status. All applications are approved on a case-by-case basis. If an application is not accepted, you will receive a full U.S. currency refund by check.

The Coordinator of the SEPI Training reserves the right to cancel and/or reschedule the training. If this should occur, you will be notified as soon as possible. For class cancellations, a full program fee refund will be administered to you or transferred to another training. The SEPI Training is not liable for any expenses that result from a cancelled training, included but not limited to travel, lodging, and meals.

Costs for travel, lodging, and meals are not included in the training program costs.

Pilot Project: SEPI Training 2015 Cost:

For 2015 ONLY - Pilot project discounted tuition rates:

Regular registration \$3,300

Early registration postmarked by July 1, 2015: \$3,025

Student rate: \$2,850

Please mail check or money order to:

SEPI Training 2016, 239 Miller Avenue, Suite 5 Mill Valley, CA 94941

Note: tuition includes CEU units for LMFT, LCSW, LPCC

SEPI Training 2016 Cost:

2016 Rates:

Regular registration \$3,550

Early registration postmarked by July 1, 2015: \$3,275

Student rate: \$3,100

**Please mail check or money order to:
SEPI Training 2016, 239 Miller Avenue, Suite 5 Mill Valley, CA 94941**

Note: tuition includes CEU units for LMFT, LCSW, LPCC