

**APPLICATION FOR FELLOWSHIP/EXTERNSHIP TRAINING PROGRAMS
IN RATIONAL EMOTIVE BEHAVIOR PSYCHOTHERAPY**

NAME (Please print)

DATE

HOME ADDRESS

CITY

STATE

ZIP CODE

()

TELEPHONE NO.

BUSINESS ADDRESS

CITY

STATE

ZIP CODE

EMAIL

EDUCATION *(for graduate study, specify school or faculty)*

INSTITUTE

DATES

DEGREE

MAJOR FIELD

HONORS AND AWARDS

LICENSE/CERTIFICATION

CLINICAL EXPERIENCE:

INSTITUTION

DATES

HOURS PER WEEK

OTHER PROFESSIONAL EXPERIENCES OR EMPLOYMENT *(including teaching, assistantships, etc.):*

LIST TWO REFERENCES RELEVANT TO YOUR PROFESSIONAL TRAINING AND COMPETENCE:

Name	Address	City	STATE	ZIP CODE
	Address	City	STATE	ZIP CODE

LIST BOOKS OR ARTICLES READ DEALING WITH RATIONAL EMOTIVE BEHAVIOR PSYCHOTHERAPY AND ANY LECTURES, WORKSHOPS, OR COURSE IN REBT THAT YOU HAVE ATTENDED

LIST ANY ADDITIONAL INFORMATION WHICH YOU BELIEVE IS RELEVANT TO YOUR APPLICATION

ON A SEPARATE PAGE, state (a) your reasons for wishing to enter the Fellowship Training Program; (b) your future plans in psychology; and (c) a copy of your vita.

PLEASE INCLUDE TWO LETTERS OF RECOMMENDATION.

MAIL APPLICATION TO:
Kristene Doyle, Ph.D.
Albert Ellis Institute
145 E. 32nd Street, 9th Floor
New York, NY 10016 (U.S.A.)