APPLICATION FOR POST-GRADUATE TRAINING
PASTORAL COUNSELING/PSYCHOTHERAPY INTEGRATIVE PROGRAM

PERSONAL
Name_______________________________________Date of Birth _____________
Address ________________________________________________________________
________________________________________________________________________
Phone:  Home _________________________Work __________________________
Sex ______Marital Status _____________Ages of Children _______________________

Physical Health:  Excellent___Good___Poor___ if poor, please explain___________
________________________________________________________________________

Denomination Affiliation________________________________________________

CURRENT PROFESSIONAL POSITION AND RESPONSIBILITIES

Primary Position: 
Name of Agency________________________________________________________
Position/Title__________________________________How long? _______________
Address ______________________________________________________________
________________________________________________________________________

SAMARITAN COUNSELING CENTER
OF SOUTHEASTERN MICHIGAN
29887 West Eleven Mile Road
Farmington Hills, MI  48336
Phone:  248-474-4701
Fax:  248-474-4701
EDUCATIONAL PREPARATION

Undergraduate:
Institution
Degree Year Field

Graduate
Institution
Degree Year Field
Institution
Degree Year Field

Title of Graduate Thesis/Dissertation: 

(Please attach transcripts of graduate programs and a copy of your license to your application or have institutional registrar send transcripts to Director of Training at the address on top of page one of this application.)
Describe briefly your professional objectives for seeking training in the pastoral counseling/psychotherapy integrative program.

Attach to this application an Autobiographical Paper (not to exceed five (5) pages) naming and describing the formative persons and events which have shaped you into the person you are. Assess the “meaning” and impact these persons and events have had on your development as a person, and as a mental health professional. Give special attention to the identification of “life themes” (i.e., those issues and self images to which you continue to return in your efforts to understand yourself or assign meaning to your life), and assess their significance in terms of your “strengths” and “growing edges” for the work of counseling and psychotherapy.

Attach to this application a personal check or money order in the amount of fifty dollars ($50.00) made payable to Samaritan Counseling Center of Southeastern Michigan. Please know that this fee is a processing fee and is non-refundable.