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# NEW YORK SOCIETY FOR BIOENERGETIC ANALYSIS

## APPLICATION FOR PROFESSIONAL TRAINING

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### STEP 1: YOUR INFORMATION

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### STEP 2: SELECT A PROGRAM

2 year pre-clinical program

4 year clinical program

### STEP 3: TELL US ABOUT YOURSELF

Educational background and professional degree(s):

*Please indicate if you hold a license to practice psychotherapy or when you expect to be licensed (required for 4 year program).*

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Professional experience:

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Other professional training:

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Personal psychotherapy:

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Brief personal statement regarding your interest in pursuing Bioenergetic training:

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