



**BELLARMINE
UNIVERSITY**

**WAYNE INSTITUTE
FOR ADVANCED PSYCHOTHERAPY**

Application for Certificate in Advanced Psychotherapy Program

Please print

Full Name _____

Position/Title _____ Organization _____

Home Address _____
Street address

City

State/Province

ZIP Code

Work Number (_____) _____ Cell Phone (_____) _____

Email Address (daytime) _____

The Certificate in Advanced Psychotherapy Program begins in Louisville, KY on Monday, May 22, 2017.

Tuition for the 12-month program is \$6,400. A non-refundable, \$65 fee is due with registration – full balance due

May 1, 2017. Payment plan is available. Contact Linda Bailey at 502.272.8161 for details. Early-bird price: \$5,400 - \$750 due by Jan. 15, 2017, \$4,650 balance (or enrollment in Payment Plan) due by May 1, 2017. Refund Policy: 100% refund through May 15; 50% refund through May 24; no refund after May 24. (Contact Linda Bailey for Payment Plan)

Deadline to register – May 1, 2017

The following documents are required for application approval: Copy of state license for independent practice, a resume and two letters of recommendation—one from a clinical supervisor and one from a colleague. If you submit your application without all of these documents, you will receive “conditional approval” until we receive and review all above documents.

Mail to: Linda S. Bailey
 Bellarmine University
 2001 Newburg Road
 Louisville, KY 40205

E-mail: lbailey@bellarmine.edu
 Fax to: 502.272.8203
 For more information call: 502.272.8161

Bellarmino/Wayne Institute reserves the right to cancel the program if there is not sufficient enrollment.

Office Use: Received _____ Registered _____ Drop/Withdraw

Refund % _____ CK/CC \$ _____ Refund Sent

T R X NOTE: _____

 Visa Discover
 Mastercard Amex _____ Security Code: _____ Exp: _____

Signature: _____ Paid by Check # _____ (Make payable to Bellarmine University)

Billing Address on card (if different from above) _____