

**Center for Cognitive Therapy
University of Pennsylvania Health System
3535 Market Street, 2nd Floor
Philadelphia, PA 19104-3309**

Name _____ Date: _____

Address _____

Phone [H] _____

Phone [W] _____

Fax _____

E-mail _____

I am applying for: Cognitive Therapy Training Program/Therapy Training
 Cognitive Therapy Training Program/Diagnostic Interview
 Pre-doctoral Practicum/Diagnostic Interview Training
 Visiting Scholar

Present degree status: _____

Date you received, or expect, doctorate or terminal degree: _____

Type of program: Clinical Psychology Doctoral
 Counseling Psychology Predoctoral
 Social Work
 Other (specify) _____

If you are employed full-time, give title and setting:

The next three questions apply to Cognitive Therapy Training Program applicants only:

*Do you have, or will you qualify for, PA licensing by beginning of training here? YES NO

*In what other state are you licensed? _____

*Do you have malpractice insurance coverage? YES NO

How many patients have you treated using cognitive therapy? _____

What types of cases: Depression ____ Anxiety ____

Other Axis I _____

Axis II _____

Were any of your clinical supervisors predominantly cognitive therapists? YES NO

If so, please name them:

If your present orientation is not predominantly cognitive, how would you characterize the conceptual model of therapy you work from? (Please name specific theorists.)

EXPOSURE TO COGNITIVE THERAPY

Please list the main seminars or conferences you have attended relevant to cognitive therapy:

List the main workshops, tapes, etc. relevant to cognitive therapy to which you have been exposed:

RESEARCH EXPERIENCE

Dissertation title (if applicable):

Current area of research interest (please be specific):

Approximate number of professional journal articles and book chapters published or in press: _____

OTHER INFORMATION

Please use additional pages to supply any additional information you feel would be helpful in evaluating your application.

Predoctoral Practicum/Diagnostic Interview Training: Please submit this application form, a personal letter of interest, one letter of recommendation, graduate school transcripts, and a writing sample of an assessment report with a five AXIS diagnosis.

Cognitive Therapy Training Program/Therapy Training: Please submit this application form, one letter of recommendation, a curriculum vita, a photocopy of professional license (if applicable), and a 50 minute audio or video therapy tape. The session may be with an actual patient or be a therapy role play. (If this is an actual patient, obtain consent and do not include identifying information.)

Cognitive Therapy Training Program/Diagnostic Interview Training: Please submit this application form, one letter of recommendation, a curriculum vita, a photocopy of professional license (if applicable) and a writing sample of an assessment report with a five AXIS diagnosis.

We are an equal opportunity, affirmative action employer.

