



EDUCATION & TRAINING

Beginning with college, please list in consecutive order each school attended.

Name of School, City, & State	Subject	Degree Earned

Other relevant education \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

In which of the following have you received training and/or experience?

- |  |  |
|--|--|
| <input type="checkbox"/> Adlerian Psychotherapy                      | <input type="checkbox"/> Gottman Method  |
| <input type="checkbox"/> Cognitive Behavioral Therapy                | <input type="checkbox"/> Group Psychotherapy   |
| <input type="checkbox"/> Emotionally Focused Therapy (w/individuals) | <input type="checkbox"/> Humanistic Psychotherapy                                      |
| <input type="checkbox"/> Emotionally Focused Therapy (w/couples)     | <input type="checkbox"/> PREP  |
| <input type="checkbox"/> Family Systems                              | <input type="checkbox"/> Prepare/Enrich  |
| <input type="checkbox"/> Gestalt Psychotherapy                       | <input type="checkbox"/> Psychodynamic Psychotherapy<br>(e.g., Freudian, Jungian, ORT) |

Which approach to psychotherapy best fits your personal style and interests?

\_\_\_\_\_

Please rank order the level of your interest from 1 (*highest*) to 4 (lowest) in working with:

- |                 |                          |
|-----------------|--------------------------|
| ___ Individuals | ___ Children/Adolescents |
| ___ Couples     | ___ Groups               |

Please list any student papers or community programs you have presented, providing venue information and dates.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List professional organizations of which you are a member, including offices held and honors received. No information given which may reveal your age, race, color, national or ethnic origin, ancestry, physical or mental disability will be used to discriminate on such grounds.

\_\_\_\_\_  
 \_\_\_\_\_

EMPLOYMENT/CLINICAL EXPERIENCE

List positions held. Start with your present or last position.  
***Please complete this section even if you attach your curriculum vitae.***

Employer	Date		Work Performed
Address	Starting	Final	
Employer's Phone #			
Job Title	Hourly rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			

Employer	Date		Work Performed
Address	Starting	Final	
Employer's Phone #			
Job Title	Hourly rate/Salary		
Supervisor		Final	
Reason for Leaving			

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Employer	Date		Work Performed
Address	Starting	Final	
Employer's Phone #			
Job Title	Hourly rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			

May we contact all the employers listed by you?  Yes  No  
If no, please indicate which one(s) you do not wish us to contact. \_\_\_\_\_

Reason: \_\_\_\_\_

Summarize special skills and qualifications acquired from employment or other experience.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### COMPUTER SKILLS

Using the scale below, please indicate the number of the level that best describes your current level of experience and skill:

High 1	Moderately high 2	Basic 3	Limited/none 4
MicroSoft Word _____	Data entry _____		Html (e.g., Dreamweaver) _____
MicroSoft Excel _____	Statistical analyses _____		Web-based programs (e.g., blogs, calendar/scheduler) _____
MicroSoft PowerPoint _____	Email programs _____		

### CHRISTIAN COMMITMENT

State briefly your reasons for seeking employment as a Psychological Assistant in a Christian private practice.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How much experience do you have working with the Christian population in psychotherapy and in what context?

\_\_\_\_\_  
\_\_\_\_\_

Briefly describe your current church involvement and any other Christian activities.

\_\_\_\_\_  
\_\_\_\_\_

### REFERENCES

Please provide contact information for three professional or academic references.

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Email address \_\_\_\_\_ Phone \_\_\_\_\_
2. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Email address \_\_\_\_\_ Phone \_\_\_\_\_
3. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Email address \_\_\_\_\_ Phone \_\_\_\_\_