



Application for Training

Extension Division Program

Deadline for application submission is September 4th

Program applying for:

Psychoanalytic Foundations

Continuing Studies Psychoanalysis

NAME _____ DATE _____
First Last

HOME ADDRESS _____
Street City St Zip

OFFICE ADDRESS _____
Street City St Zip

HOME PHONE _____ OFFICE PHONE _____

EMAIL _____ FAX _____

DEGREE _____ DATE RECD _____ INSTITUTION _____

CA LICENSE _____ DATE 1ST LICENSED _____ DATE OF BIRTH _____

OR, ARE YOU IN TRAINING OR A STUDENT? _____ WILL YOU NEED CE UNITS? _____

HOW DID YOU HEAR OF THIS PROGRAM? BROCHURE ADVERTISEMENT

OTHER _____

Please mail payment for the appropriate amount to ICP at the indicated address.

Tuition for the Extension Division Program: (please circle which applies to you)	
Licensed Therapists:	\$425.00
Unlicensed Therapists/students:	\$325.00
Administrative Fee:	\$ 25.00

Method of Payment: Check Visa MasterCard

CREDIT CARD # _____ EXP. DATE _____

SIGNATURE _____

Contact Information
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office
310.207.6083 fax ■ website: www.icpla.edu ■ email: office@icpla.edu