



26 West 9th Street
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**APPLICATION FOR TWO-YEAR & GRADUATE STUDIES IN
RELATIONAL SELF PSYCHOLOGY PROGRAMS**

Name Home Phone Office Phone

Address Email Address Date of Birth

City State Zip Licensing (Indicate discipline, state and number)

Education

Undergraduate college(s), including major and years attended/graduated:

Graduate school(s) with years attended/graduated, field(s) of specialization, degree(s):

Postgraduate Institute Experience and Seminars

Professional Experience (include dates)

A C.V. may be submitted as an alternative

Interest in Training

Please write a brief statement of why you are interested in studying self psychology and what attracts you to this particular program. What would you like to gain from this experience?

*Email all materials to RSP.StudyCenter@gmail.com or mail to:

***RSP Study Center
c/o Michele Schwartz, LCSW
26 West 9th Street
Suite 5B
New York, NY 10011***