

***Integrative Psychotherapy Training Program  
of Kansas City  
Application Form***

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home/Cell phone number (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Profession \_\_\_\_\_ Degree \_\_\_\_\_

or, currently enrolled in at least a Master's level mental health degree program? \_\_\_\_\_

What degree are you pursuing? \_\_\_\_\_

Anticipated graduation date \_\_\_\_\_

Are you currently licensed? Y \_\_\_\_\_ N \_\_\_\_\_

If you answered "no" are you in the process of becoming licensed? Y \_\_\_\_\_ N \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

*Please fill out this application form and mail to:*

*Integrative Psychotherapy Training Program of Kansas City*

*4104 Central*

*Kansas City, MO 64111*

*Thank you for your interest in the Integrative Psychotherapy Training Program of Kansas City!  
We will contact you to set up an initial interview.*