

Application for NYC AEDP Core Training 2019 with AEDP Faculty member Jeanne Newhouse, NCPsyA

If you have any questions regarding this application please contact Jeanne Newhouse at jpn4488@aol.com.

Note: when you have completed the application please email it to Jeanne Newhouse at jpn4488@aol.com. She will be directly in touch with you regarding next steps.

Name: _____ Date: _____

Degree: _____

Profession (i.e., social worker, psychologist, LPC): _____

Number of years licensed: _____ License # _____

Office Address: _____

Phone(s): home _____ office _____ cell _____

Email address: _____

Current work setting (i.e., private practice, hospital) and population(s) served:

Number of years practicing psychotherapy and with what populations historically:

Please briefly describe your current orientation: _____

How did you hear about the AEDP Core Training? _____

Please share some relevant highlights summarizing your previous training:

What is your degree of exposure, experience and/or training to date with AEDP and other Experiential Dynamic Psychotherapies (EMDR, IFS, SE, EFT, etc.) Please include whether or not you have completed the AEDP Immersion Course, Essential Skills Course, Advance Skills Course, etc. and, if so, where and when?

Please tell me how you became interested in AEDP. And what about it makes you want to pursue AEDP Core Training? Why now?

What professional growth do you hope to achieve as an outcome of AEDP Core Training?

What, if anything, would be helpful for me to know about you in a group setting?

What therapy orientation has influenced your work the most?

What is most challenging and most motivating for you about the idea (or practice) of applying AEDP?

Do you videotape any therapy sessions currently? What do you see that might stand in the way for you to share videotaped sessions in Core Training?

Is there anything else you think is important for me to know about you, your practice or your needs?

Thank you!

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She will be in touch with you regarding next steps. Thank you!