

**Application for**

**AEDP Pay What You Wish, Faculty-Led BIPOC (Black, Indigenous, Person of Color) Core Training, 2021**

Please email your completed application to [admin@aedpinstitute.org](mailto:admin@aedpinstitute.org).

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Application Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degree(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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:

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Number of years practicing psychotherapy and with what populations historically:

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Please briefly describe your current therapeutic orientation:

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How did you hear about the AEDP Core Training? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please share some relevant highlights summarizing your previous training:

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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 (required for Core Training), Essential Skills Course, Advanced Skills Course, Core Training prior to this one, and Supervision. and, if so, where and when?

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

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

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

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What therapy orientation has influenced your work the most?

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

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Sharing videotape of your work is a central part of Core Training. Do you videotape therapy sessions currently and if so, how much videotaping have you done / are you doing?

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What do you see that might stand in the way for you to share videotaped sessions in Core Training?

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Is there anything else you think is important for us to know about you, your practice or your needs especially as it relates to participating in a BIPOC only Core Training.

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Thank you! Please email your completed application to [admin@aedpinstitute.org](mailto:admin@aedpinstitute.org). We will be in touch with you regarding next steps. Thank you!