

WAYNE INSTITUTE FOR ADVANCED PSYCHOTHERAPY



2019-20 Application for Certificate in Advanced Psychotherapy Program

Please print all information below.

Full Name _____

Position/Title _____ Organization _____

Home Address _____

Street Address

City

State/Province

Zip Code

Work Number (_____) _____ Cell Phone (_____) _____

Email Address (daytime) _____

Tuition and Fees

Tuition for the 12-month program is \$6,400. A non-refundable application fee of \$65 fee is due with application, and full balance is due May 1, 2019. Payment plan is available. Contact Linda Bailey at 502.272.8161 for details. A full refund is available for students who withdraw prior to May 15; 50% refund is available through May 19; no refund available after program begins on May 20.

Early Registration Discount

Reduced tuition rate of \$4,995 is available until Nov. 30, 2018. For early registrants, \$750 deposit is due, plus \$65 application fee, by Nov. 30, 2018. Balance (or enrollment Payment Plan) due May 1, 2019.

Required Documents

Application must include a copy of state license for independent practice, a resume and two letters of recommendation—one from a clinical supervisor and one from a colleague. Applications submitted without these documents may receive “conditional approval” until all required documents are submitted.

Mail to: Linda S. Bailey
Bellarmine University
2001 Newburg Road
Louisville, KY 40205

E-mail to: lbailey@bellarmine.edu
Fax to: 502.272.8203
For more information call: 502.272.8161

Deadline to register is May 1, 2019. Program begins on Monday, May 20, 2019 in Louisville, Ky. The Wayne Institute reserves the right to cancel the program due to insufficient enrollment.

Payment Information

Check the amount being paid and enter payment information below.

- \$65:** Non-refundable application fee for regular applicant
- \$815:** Early Registration Deposit (\$750) plus non-refundable application fee (\$65)
(Must be received by Nov. 30, 2018, to secure Early Registration Tuition Rate.)

CREDIT CARD: Visa Discover Mastercard AMEX (Circle one.) Card # _____

Security Code _____ Expiration _____ Signature: _____

Billing Address for card (if different from above) _____

CHECK: Paid by Check # _____ (Make payable to Bellarmine University and include check with application.)

Office Use Only: Received _____ Registered _____ Drop/Withdraw _____

Refund % _____ CK/CC \$ _____ Refund Sent _____ **TRX**

NOTE: _____