

APPLICATION  
POST-GRADUATE PROGRAM IN SEX THERAPY  
Council for Relationships  
4025 Chestnut Street  
Philadelphia. PA 19104

**TYPE OR LEGIBLY PRINT THE FOLLOWING:**

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

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

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Job Title: \_\_\_\_\_

\_\_\_\_\_

Company/Organization: \_\_\_\_\_

\_\_\_\_\_

**PLEASE ANSWER THE FOLLOWING:**

1. Do you have a state licensed or national board certification? Yes/ No
2. If so, please provide the name and address of the licensing or certifying body.

\_\_\_\_\_

- 3. Have you ever been disciplined for professional or ethical misconduct? Yes/ No
- 4. Is any action pending against you for professional or ethical misconduct? Yes/ No

5. Please List attendance at Workshops or Non-Degree Training in the last 12 months:

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By my signature here, I confirm that the information provided in this application is true and accurate, to the best of my knowledge.

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Signature and Date

**PLEASE INCLUDE THE FOLLOWING WITH APPLIATION:**

1. Curriculum Vitae
2. Biographical Statement: 1-2 typed pages double spaced describing your reasons for becoming a therapist and for seeking training in Sex Therapy.
3. A non-refundable \$50 application fee payable to: Council for Relationships

**THE FOLLOWING MUST BE SENT DIRECTLY TO COUNCIL FOR RELATONSHIPS:**

1. All transcripts of graduate course work
2. Two letters of recommendation

**SEND ALL CORRESPONDANCE TO:**

**Nancy Gambescia, PhD  
Director: Sex Therapy Programs  
Council for Relationships  
4025 Chestnut St. First Floor  
Philadelphia, PA 19104**

**QUESTIONS:**

**Ngambescia@ aol.com  
610-525-1978**