

COUNCIL FOR RELATIONSHIPS
Post Graduate Training Program in Sex Therapy
Application Form

Personal Information

Name: _____

Date: _____

Profession: _____

Social Security # _____

Home Address: _____

City, State, Zip: _____

Cell phone: _____

Work phone: _____

Home phone: _____

Email address: _____

Date of birth: _____ Gender: _____

Race (please circle): African-American Caucasian/White Asian/ Asian-American

American Indian/Alaska Native Hispanic/Latino Native Hawaiian/Pacific Rim

Multiracial Other: _____

Religion (please circle): Agnostic/Atheist Buddhist Catholic Hindi Muslim

Jewish Protestant Non-Religious Other: _____

Graduate Degrees:

Degree: _____

University: _____

Number of academic credits: _____

Dates: _____

Specialization: _____

Degree: _____

University: _____

Number of academic credits: _____

Dates: _____

Specialization: _____

Workshops or Non-Degree Training in the last 12 months:

Current Employment (if applicable):

Title: _____

Location: _____

Dates: _____

Description: _____

Previous Employment (if applicable):

Title:

Location:

Dates:

Description:

Do you have a state licensed or national board certification? Yes / No

If so, please provide the name and address of the licensing or certifying body.

Have you ever been disciplined for professional or ethical misconduct? Yes / No

Is any action pending against you for professional or ethical misconduct? Yes / No

Please explain:

How did you hear about Council for Relationships?

I'd like to receive information from the Council about other programs, courses, and activities.

Please send the following by e-mail to:

Dr. James Wadley

Director: Sex Therapy Program

Council for Relationships

4025 Chestnut St. First Floor

Philadelphia, PA 19104

jwadley@councilforrelationships.org

1) Curriculum Vitae

2) Biographical Statement – 1-2 typed pages, double spaced

The biographical statement should include your reasons for becoming a therapist and for seeking training in Sex Therapy.

3) Transcript

Official transcripts of all your graduate course work.

4) References

Two letters of reference from individuals who know you both professionally and personally.

Application Fee:

A non-refundable \$50 application fee must accompany this form. Please make check payable to: Council for Relationships.