aedp INSTITUTE | accelerated experiential dynamic psychotherapy

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.

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:

_____

_____

Number of years practicing psychotherapy and with what populations historically:

_____

_____

_____

Please briefly describe your current therapeutic orientation:

_____

_____

_____

How did you hear about the AEDP Core Training? _____

_____

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