**Application for Portland AEDP Core Training 2019-20**

Thank you for your interest in Portland’s first AEDP Core Training. Please take a moment and complete this application. Once completed, email it to Portland AEDP at [programs@portlandaedp.org](mailto:programs@portlandaedp.org)

Following receipt of your application, you will be contacted regarding next steps.

If you have any questions regarding this application, please email us at [programs@portlandaedp.org](mailto:programs@portlandaedp.org) or contact Deborah Lee-Thornby (503) 701-5791 or Kelly Prothero at (415) 497-8322.

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

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

Degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Profession (i.e., social worker, psychologist, LPC)

Number of years licensed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

License #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 orientation:

Please share some relevant highlights summarizing your previous training:

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, Essential Skills Course, Advance Skills Course, etc. and, if so, where and when?

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

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

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

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

Do you videotape any therapy sessions currently? What do you see that might stand in the way for you to share videotaped sessions in Core Training?

Is there anything else you think is important for me to know about you, your practice or your needs?

*Thank you!*