



The Institute for
Meditation and Psychotherapy

Application Form

Certificate Program in Mindfulness and Psychotherapy

September, 2011 – May, 2012

1. Contact Information

First Name:

Last name:

Address:

Date of Birth:

Phone, work/office:

Phone, home:

Phone, cell:

Email:

2. Professional experience

Education (institution, degrees granted, years of graduation):

Licensed as:

License #:

Year of licensure:

Current employment:

Past employment (use additional sheet as necessary or attach CV):

Areas of specialization/advanced training:

3. Meditation/mindfulness experience

Do you have experience with meditation? Y N

Do you have an active meditation practice at present? Y N

If so, how often do you practice?

What style/in what tradition do you practice?

When did you begin?

Have you worked closely with any particular teachers? Y N

If so, who?

Have you done any meditation retreats? Y N

If so, please give approximate dates & durations.

Please describe experience in other spiritual/religious traditions.

4. Personal

Are there any reasons (personal, psychological, medical) that would make participation difficult? Y N

If yes, please describe:

