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Dear Colleague,

The Center for the Study of Anorexia and Bulimia, a division of the Institute for Contemporary Psychotherapy, is currently accepting applications for our **Two Year Training Program in the Theory and Treatment of Eating Disorders**. Eligible applicants must have a graduate mental health degree, a state license and malpractice insurance, and be actively conducting psychotherapy.

If you would like to apply, please complete the attached forms and return them with a \$50.00 application fee. Please arrange to have two letters of reference mailed to us. Upon receipt your application will be reviewed by members of the CSAB Executive Committee. Eligible applicants will be contacted to schedule interviews with CSAB supervisors and faculty members.

We look forward to hearing from you!

Sincerely,

Sarah Berkowitz
CSAB Program Administrator

CENTER FOR THE STUDY OF ANOREXIA AND BULIMIA

1841 Broadway, 4th floor
New York, NY 10023
(212) 333-3444

APPLICATION FOR SPECIALTY TRAINING PROGRAM IN THE PSYCHOTHERAPY OF EATING DISORDERS

Name: _____ Date of Birth ___/___/___

Address (Home): _____ Phone: _____

Address (Office): _____ Phone: _____

Email Address: _____

Social Security
Number: _____

How did you hear about our program? _____

Graduate Educational Record

School	Dates	Major	Degree	Date Graduated

Postgraduate Training

Institution	Courses

New York State License/Certificate Number: _____

If none, check here:

Personal Psychotherapy

Please list your most recent therapist first:

Therapist _____ Dates: _____ Hrs\Wk: _____

Therapist _____ Dates: _____ Hrs\Wk: _____

Therapist _____ Dates: _____ Hrs\Wk: _____

Professional Affiliations

1. _____

2. _____

3. _____

4. _____

References

Please list the names, addresses, and titles of two supervisors familiar with your clinical work, and request that each send us a letter of recommendation.

1. _____

2. _____

Please tell us how you learned about our training program.

Signature _____ Date: _____