



New England Energy Psychotherapy Institute

A Division of The Milestones Institute

Certificate Program in Energy Psychotherapy APPLICATION FOR ADMISSION

Name _____ Tel: _____

Mailing Address _____

E-Mail Address: _____

(City) (State/Zip Code) _____

Current Professional Title or Position: _____
Do you have a website? If so, URL: _____

Number of Years in current role/position _____
Professional licensure or certification:*

(title) (state)

(title) (state)

(title) (state)

Employed where? (Name of agency, institution, etc., or, if appropriate, private practice.)

**Please include a photocopy of your license or certification with your application.*

Professional Preparation (Education)†

college or university	Degree/Year Awarded
college or university	Degree/Year Awarded
college or university	Degree/Year Awarded
college or university	Degree/Year Awarded

†Individuals who are not currently licensed as a counselor, social worker, psychologist, or other mental health practitioner must have an official transcript sent to the Institute from the college or university that granted the masters-level (or higher) degree.

References

Please list below the names and contact information of at least two individuals who know you in a professional capacity:

Name	Title/Role
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Address	Phone and/or E-Mail
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Name	Title/Role
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Address	Phone and/or E-Mail
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Name	Title/Role
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Address	Phone and/or E-Mail
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Two letters of reference from individuals who know you in a professional capacity are required. These may be mailed directly to the Institute or, if you wish, may be included with your application. We prefer letters to be on the individual's professional letterhead; however, if you wish, the enclosed reference forms may be used.

In the space below, please provide a statement about your interest in energy psychotherapy and the NEEPI Certificate in Energy Psychotherapy *(continue on next page)*



I hereby affirm that the information provided in this application is true and accurate. I authorize the Institute to contact the references that I have provided; this information will be used only to determine my propensity for additional study and subsequent integration into my professional practice. I acknowledge that the Institute, at its discretion, may deny or withdraw admission if any of the information provided proves to be inaccurate.

Signature

Date

Mail application and supporting materials to:

Milestones Institute – NEEPI • 3 Dunroven Drive • Kennebunk, ME 04043



New England Energy Psychotherapy Institute

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Certificate Program in Energy Psychotherapy

REFERENCE FORM

Candidate:

The individual who has provided you with this form is an applicant for admission to the Certificate Program in Energy Psychotherapy, a professional development program for psychologists, counselors, social workers, and others in the helping and healing professions. We appreciate your willingness to serve as a reference and ask that you comment upon the individual's aptitude for additional study in the context of professional practice. You are welcome to use this form or, if you prefer, your professional stationery. Thank you for your assistance.

Name

Date

Signature

Phone and/or E-Mail

Address:

Please mail to: Milestones Institute – NEEPI • 3 Dunroven Drive • Kennebunk, ME 04043