

ACAP – Academy of Clinical and Applied Psychoanalysis

2017-2018 ONE YEAR PROGRAM REGISTRATION FORM

Name _____

Address _____

City State Zip _____

Home Phone _____

Cell Phone _____

Email Address _____ Date of Birth _____ Sex _____

Profession: _____ CE's needed, NASW or NBCC _____

Emergency Contact _____

How did you hear about ACAP? _____

Course # (please circle)	Course Title	Fee
I	ACAP111 Maturation Process: Developmental Failures: Early Developmental Failures \$350	
II	ACAP112 Analytic Listening \$350	
III	ACAP113 Treatment of Impulse and Obsessive Disorders \$350	
IV	ACAP114 Transference and Countertransference: The Effect of Culture \$350	

Refund Policy:
Before 1st class meeting: 100% tuition refund
Please make checks payable to **ACAP**

Total	
Payment	

Student Signature _____ Date _____