

REGISTRATION FORM: online group for new schema therapists

Meeting Thursdays Sept 13, October 4, November 1, December 6

11am – 12:15pm/ Pacific Time

*We are asking that you respond to all the questions below in order to create an exceptional group experience.*

NAME & Email:

Where do you live?

Do you have a professional license & in what discipline?

Where do you work?

List areas of specialization or special interest:

List your level of experience in learning schema therapy:

Check which best applies:

\_\_\_I am certified (if so at what level?)

\_\_\_I am working towards certification

\_\_\_I want to learn about schema therapy but am not interested in certification

List at least 3 reasons why you want to join the group and what you hope to gain from it?

Complete and return to:

[krudlinlcsw@att.net](mailto:krudlinlcsw@att.net) OR [dr.evangelia.anthis@gmail.com](mailto:dr.evangelia.anthis@gmail.com)