



# Pasadena Saturday Series 2017 – 2018 Application

Deadline for application submission is July 30, 2017  
Classes begin September 9, 2017

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
First Last

HOME ADDRESS \_\_\_\_\_  
Street City St Zip

OFFICE ADDRESS \_\_\_\_\_  
Street City St Zip

HOME PHONE \_\_\_\_\_ OFFICE PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_ FAX \_\_\_\_\_

DEGREE \_\_\_\_\_ DATE REC'D \_\_\_\_\_ INSTITUTION \_\_\_\_\_

CA LICENSE \_\_\_\_\_ DATE 1<sup>ST</sup> LICENSED \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

OR, ARE YOU IN TRAINING OR A STUDENT? \_\_\_\_\_ WILL YOU NEED CE UNITS? \_\_\_\_\_

HOW DID YOU HEAR OF THIS PROGRAM?  BROCHURE  ADVERTISEMENT

OTHER \_\_\_\_\_

Please mail payment for the appropriate amount to ICP at the indicated address.

Tuition for the Extension Division Program: (Please circle which applies to you)	
Licensed Therapists:	\$580.00
Unlicensed Therapists/students:	\$490.00
Application Fee: (non-refundable)	\$25.00

Method of Payment:  Check  Visa  MasterCard

CREDIT CARD # \_\_\_\_\_ EXP. DATE \_\_\_\_\_ 3 DIGIT CARD CODE (Located on the back of the card)

SIGNATURE \_\_\_\_\_

Contact Information

10780 Santa Monica Blvd. # 350 ■ Los Angeles, CA 90025-4779 ■ 310.207.8441 phone  
 310.207.6083 fax ■ website: [www.icpla.edu](http://www.icpla.edu) ■ email: [office@icpla.edu](mailto:office@icpla.edu)