



# Application Extension Division Program 2017 - 2018

Application Deadline July 30, 2017

Classes begin September 9, 2017

I've completed the first year of the Extension Program and would like to continue in the 2<sup>nd</sup> year Advanced Extension Program:

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

MAILING ADDRESS \_\_\_\_\_  
Street City St Zip

HOME 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  WEBSITE

OTHER \_\_\_\_\_

**Please mail payment and completed application to the following address:**

Make checks payable to "Institute of Contemporary Psychoanalysis"  
10780 Santa Monica Blvd., Suite 350  
Los Angeles, CA 90025

<b>Tuition for the Extension Division Program:</b>	
<b>Licensed Therapists:</b>	<b>\$550.00</b>
<b>Unlicensed Therapists/students:</b>	<b>\$450.00</b>
<b>Administrative Fee:</b>	<b>\$ 50.00</b>
<b>(Non-refundable)</b>	

Method of Payment:  Visa  MasterCard  Amex

CREDIT CARD # \_\_\_\_\_ EXP. DATE \_\_\_\_\_ 3 DIGIT SECURITY CODE (Amex has 4 digit code on front)

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)