

# Application for OSD Training Programs



## Certificate Program for which you are applying:

- Organization & Systems Development Training Program (OSD Standard Format)
- Organization & Systems Development Training Program (OSD Weekend Format)
- Becoming a Better Intervener: Organization & Systems Development Intensive (BBI)
- OSD International Training Program
- OSD International Coaching Program
- OSD Group Intensive (Advanced Training)

### FOR OFFICE USE ONLY

Received \_\_\_\_\_

Accepted \_\_\_\_\_

Commitment \_\_\_\_\_

Intro Date \_\_\_\_\_

Name \_\_\_\_\_ Credential \_\_\_\_\_ Age \_\_\_\_\_ Nationality \_\_\_\_\_

Home Address \_\_\_\_\_  Male  Female

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Cell Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_ Home Telephone \_\_\_\_\_

E-mail (1st Choice) \_\_\_\_\_

## EDUCATION:

Year	Institution	Degree	Major Field of Study

Were you referred to this training program, and if so, by whom? \_\_\_\_\_

Previous postgraduate or special training experiences: (Gestalt, other)

Year	Length of Time	Name of Program	Leader(s)

## WORK EXPERIENCE

Present Position \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Responsibilities \_\_\_\_\_

Other Positions Held	Name of Organization	Date of Employment

## PROFESSIONAL STANDING

Are you licensed if that is applicable to your occupation? Please designate: \_\_\_\_\_

Occupational Category (please check)

- Counseling  Education  Law  Management/Administration  Medicine
- Nursing  Organizational Consulting  Other Health Professions  Psychiatry  Psychology
- Religion  Social Work  Other (specify)

If you have completed previous training at Gestalt Institute of Cleveland Organization & Systems Development Integrative Studies Center, in what program were you last enrolled? \_\_\_\_\_ Year \_\_\_\_\_

List two faculty members who know you best.

If you are physically challenged, please indicate your special needs.

Please state why you have chosen this program and how it fits your needs

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What do you feel are the highlights of your experience and accomplishments? \_\_\_\_\_

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What are your plans for the future? \_\_\_\_\_

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Have you had any personal therapy? (Please give dates, with whom, what got you started, and significant outcomes.)

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**An application fee (nonrefundable) must be paid.** All fees must be paid in U.S. dollars and drawn on a U.S. Bank.

- I have enclosed a check or money order **payable to GIC OSD ISC**  
**(Gestalt Institute of Cleveland Organization & Systems Development Integrative Studies Center).**
- I have paid the application fee online at <http://www.gestaltosd.org/trainingprograms.php>.
- Charge fee to  MasterCard  Visa  Discover  AMEX      Security Code \_\_\_\_\_ Expiration Date \_\_\_\_\_ / 20 \_\_\_\_\_  
Account # \_\_\_\_\_ Name on Card \_\_\_\_\_
- Signature required for credit card purchases \_\_\_\_\_

Fill in the application, rename the file and save to your computer and e-mail to: [osdregistrar@gestaltosd.org](mailto:osdregistrar@gestaltosd.org)  
If you prefer, fax to +1 440/205-8606 or mail all documents to:  
**GIC OSD ISC, 7665 Mentor Avenue #316, Mentor, OH 44060 USA**