



Registration Form

Name _____ Degree: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: (h) _____ (c) _____ (w) _____ fax: _____

Email Address: _____

Current Position: _____ Years Family Therapist: _____ Years Clinician: _____

Add to the mailing list. This is an address change.

May we offer any assistance for your special needs? _____

Membership: (circle category) APA NBCC MFT PA Social Work PA MFT NJ Social Work NJ Other _____

AAMFT-Approved Supervisor: Yes No **Act 48:** Yes No

Clinical Programs

\$25 Application Fee (required only for Extern, Intensive or Summer Practicum applications)

Intensive Program

Extern Program: Therapist Participant Observer

Clinical Supervision Program

Distance Education: Courses Consultation

Summer Programs

\$25 Application Fee

June Summer Practicum Therapist Participant Observer

Summer Workshops June 29, 30, July 10

Working with African-American Families Unacknowledged Loss Affirming LGBTQ Youth

Emergent Trends: Internet/Gambling Adds. Fam. Th. of Internet/Gambling Addictions

Courses Correspondence Format Classroom Format

- Ecosystemic Structural Family Therapy
- Theoretical and Historical Development Part I and II
- Supervision Mentoring: Fundamentals Course
- Substance Abuse
- Problems in Early Childhood
- Psychopathology
- Developmental and Clinical Issues
- Ethics in Family Therapy
- Couples and Couple Therapy
- Research Methods
- Assessment and Treatment of Trauma

Workshops

- Couples and Couple Therapy
- Families with Adolescents
- The Difficult Divorce
- Remarried Families Course
- Ecosystemic Structural Family Therapy
- Creating the Therapeutic System
- Assessment within ESFT
- Individual Diagnosis
- African-American Families
- Depression and Suicide
- Attention Deficit and Learning Disabilities
- Young Children and Family Therapy
- Families with Adult Children
- Single Parent Families
- AAMFT-Approved Supervision Refresher
 - January
 - June
- Power and Privilege
- Ethical/Legal Issues
- Intervention Techniques
- Sexual Abuse
- Sexual Issues

Pay by Check or Money Order, in U.S. funds, only. Credit cards cannot be processed.

Payment Make your check payable to Philadelphia Child and Family Therapy Training Center, Inc. (abbreviate as PCFTTC). Mail payment, completed registration page and application documents to:

Philadelphia Child and Family Therapy Training Center, Inc.,
P.O. Box 4092,
Philadelphia, PA 19118-8092

Amount Enclosed \$ _____