

**NYIPSP COURSE APPLICATION**

Name: \_\_\_\_\_

Degree: \_\_\_\_\_

Address: \_\_\_\_\_

LCSW #: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Course title and number: \_\_\_\_\_

Please send your check for \$450 for the 15-week course payable to: NYIPSP

Send application and fee to:

NYIPSP, 230 West End Ave, Suite 1D, New York, NY 10023