**Application for 3 Year Certificate Program**

Please check which Program you are interested in attending:

\_\_\_\_ Camphill Village, Phoenixville, Pennsylvania

\_\_\_\_ Camphill Village, Sauk Center, Minnesota

First name

Last name

Organization

Email

Phone

Address1

Address2

City State Zip Code

Country

Birthdate

**Registration Application**

How did you learn about AAP?

List your Professional Degrees and/or Certifications

Work History

Background in Anthroposophy

Specific Interest in Anthroposophic counseling psychology

**Special Requests**

Requesting Continuing Ed Hours? \_\_\_\_ Yes \_\_\_\_ No

ADA Requests

**Please complete the application and mail it to:**

**Association for Anthroposophic Psychology**

**PO Box 2180**

**Boulder, CO 80306-2180**

**Or email to:** [**Admin@AnthroposophicPsychology.org**](mailto:Admin@AnthroposophicPsychology.org)