

Indianapolis Gestalt Institute
9292 N Meridian St, Suite 311
Indianapolis, IN 46260
317-843-0717
APPLICATION FOR CERTIFICATION

Name: _____

Address: _____

Phone: _____

Email: _____

Name of Gestalt Training Institute: _____

Year of First Year Graduation: _____ Hours Earned: _____

Name of Gestalt Training Institute: _____

Year of Second Year Graduation: _____ Hours Earned: _____

I am applying for:

Certified Gestalt Therapist (CGT)

*Requires Advanced Degree in Behavioral Science and/or Indiana State
Licensure and/or national certification:

Degree _____

Year Received: _____

Licensure(s) _____

Certified Gestalt Practitioner

What is your occupation and how do you integrate your Gestalt training
into your work?

Your signature _____ Date _____

Thank you for your time and interest.

Print this page and send your application to:

The Indianapolis Gestalt Institute
9292 N. Meridian St, Suite 311
Indianapolis, IN 46260

Please include a \$35.00 processing fee made payable to IGI.