

**Eastern Group Psychotherapy Society  
Supervision Program Application  
2011-2012**

PLEASE PRINT CLEARLY and provide complete information.

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

Degrees: \_\_\_\_\_

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

Phone (Day): \_\_\_\_\_

Phone (Evening): \_\_\_\_\_

Email: \_\_\_\_\_

Current Position and Affiliation: \_\_\_\_\_

If currently leading group (s), please describe: \_\_\_\_\_

**Please fax this completed application to the EGPS office at:  
631 385-3123 or mail to:**

Eastern Group Psychotherapy Society  
PO Box 20686, Huntington Station, NY 11746

631 385-0763 ♦ fax 631 385-3123  
egps@optonline.net  
www.egps.org