

An Online Introduction to Bowen Theory and Its Applications

Application Form

Please print this form and complete. Email the completed application to Dr. Carrie Collier at ccollier@thebowencenter.org or mail to **Dr. Carrie Collier, The Bowen Center, 4400 MacArthur Boulevard NW, Suite 103, Washington, DC 20007**. If you require more space, please add additional sheets.

General Information

Full Name: _____

Home Address: _____

Email Address: _____

Telephone: (home) _____ (work) _____

(cell) _____ (fax) _____

Current Professional Position(s): _____

Employer Name and Address: _____

Professional and Educational Background

Please attach a resume listing positions (including dates, location and a short description) held since completing college, most recent first. Please include your educational background. List college, university, or any other educational institution attended and degree(s) conferred with dates of study.

Are you currently working on an academic or professional degree? If so, give university, area of specialization, degree to be earned, and expected date of graduation.

In addition to training from degree-conferring institutions, what professional training have you had?

Name of Institution | Location | Course | From Mo/Yr to Mo/Yr:

Personal Data

Date of Birth: _____ Place of Birth: _____
Marital Status: _____ Name and Age of Spouse: _____
Date(s) of Marriage(s): _____ Date(s) of Divorce(s): _____
Date of Loss of Spouse(s): _____

Children (List from oldest to youngest):

Full Name of Child: _____ Age: _____
Education: _____
With whom does this child live? _____
General Functioning of Child: _____

Full Name of Child: _____ Age: _____
Education: _____
With whom does this child live? _____
General Functioning of Child: _____

Full Name of Child: _____ Age: _____
Education: _____
With whom does this child live? _____
General Functioning of Child: _____

Full Name of Child: _____ Age: _____
Education: _____
With whom does this child live? _____
General Functioning of Child: _____

Health

How would you describe the current state of your health? (Circle One):
Excellent Good Fair Poor

List any serious illness, physical or emotional, (current or chronic) in yourself, your immediate household, or extended family.

Are you currently in psychotherapy? What is the theoretical orientation of your therapist?

ESSAY QUESTIONS

On separate sheets of paper, please address the following three questions:

1. Give a brief history and description of your family (your parents, your siblings, your grandparents) and their functioning. What is your level of contact with your family and extended family? How have you tried to deal with challenges in your family?
2. Please describe your previous experience with Bowen theory and the study of family systems.
3. What are your goals for participating in this Introduction to Bowen Theory and Its Applications? What do you want to accomplish during the course?

Signature: _____

Date: _____

Application fee enclosed: _____