



PPSC MASTER CLASS APPLICATION

Contact Information

Name _____ Email _____

Address _____ City _____ State _____ Zip _____

Phone (h) _____ (w) _____ (c) _____

Date of Master Class: _____

Location: The Postpartum Stress Center Conference Rm #20

Fee: \$600.00 Due with registration by check or credit card. *Please make checks payable to The Postpartum Stress Center.*

If paying by credit card please provide the following information:

Name on card: _____

Type of card: (circle) Visa / MC / Am Ex Card #: _____ Exp Date: _____

Please check that you have met these requirements:

Master's or doctoral degree Year of completion: _____

Completion of PPSC PPD Training Levels I & II Date of PPSC training: _____

Minimum of one (1) year post training PPD experience is highly recommended, not required

Read the text "Therapy and the Postpartum Woman"

Level of PPD-related experience: New to field (1yr or less) Moderate (1-3 yrs) Advanced (over 3yrs)

Current PPD-related clinical position: _____

Are you currently receiving any ongoing supervision for this work? YES / NO If NO, why not? _____

If YES, do you consider it to be helpful? Please explain: _____

What do you like best about working with this population? _____

What has been your primary professional challenge? _____

What has been your primary personal challenge? _____

What has been the biggest obstacle in your practice? _____

Do you feel MORE or LESS suited to this work now that you have some experience? _____

In way ways? _____

PLEASE CHECK IF YOU HOPE TO BRING A CASE PRESENTATION (Strongly recommended).

Please save and complete the MC case presentation form attached and submit at least two weeks prior to class Also plan on bringing a one (1) page summary of your case for class distribution on the day of supervision.

Will you require any A/V equipment? Please specify _____