

GIM LEVEL II APPLICATION

Name:

Today's Date:

Street or Mailing Address:

City:

State:

Zip Code:

Home Phone #:

Work Phone #:

Cell Phone #:

E-mail Address:

Level I (Introductory) Training

Dates:

Location:

Trainer(s):

Please request that your Level I Primary Trainer forward a letter recommending that you continue into Level II training in GIM and outlining any additional requirements prior to Level II (e.g., personal sessions, academic training, clinical experience, etc.). *Not required of those who completed Level I with either Mady or Cathy.*

Date Reference Requested:

Previous academic degree(s) earned, date(s) conferred, and granting institution(s):

List courses completed that are related to mental health:

Current position:

Professional credentials (e.g., MT-BC, LPC, LCSW, etc.):

Professional clinical mental health experience with adults:

List the dates, location, and name of the GIM therapist for each personal Bonny Method session experienced. Four sessions must have occurred following Level I training. If you have completed a series with the same therapist, you may group those sessions together. (Note: **Minimum seven sessions required** (including those during Level I training) at least **four of which must be after the Level I** training seminar.)

Date(s)	Location	Therapist/Trainee

1. Briefly describe your reasons for pursuing professional training in the Bonny Method of Guided Imagery and Music (GIM).

2. What factors have influenced your decision to pursue GIM at this time?

3. What are your short-term and long-term career objectives?

4. What personal qualities do you possess or experiences have you had that contribute to your readiness to prepare for in-depth clinical work?

5. What personal qualities do you most need to further develop in order to prepare you for in-depth clinical work?

6. Please describe any impediments to your continuing training in the Bonny Method.

Please submit completed questionnaire as an email attachment to mkinneych@appstate.edu