



## Balint Group Leader Education Fellowship Application

Name

Degree

Do you hold a valid Professional License in your field?    Yes                      No

Professional Role/Title

Program/Affiliation

Mailing Address

Phone

Email

Previous and Ongoing Balint Work:

Describe the Balint group you are currently leading:

Who are the members (MD's RN's, trainees, specialty, other)?

How many on average attend?

How long are the sessions?

Who is your co-leader?                      no co-leader

Name

Profession

Describe the institutional home of this Balint group

How long has this group been meeting?

Is it likely to continue through the term of your fellowship? Yes                      No

How frequently does it meet?

Do you have the capacity and can get permission to audio or videotape some of your group sessions?      Yes      No

Please list the year and location of the Balint Leadership Intensive Workshop(s) you have attended to date. (only one is required to apply)

Location

Year

Location

Year

Please list the two faculty leaders of your group at each Intensive. The Fellowship Director will contact faculty for a recommendation.

Faculty Leader

Faculty Leader

Faculty Leader

Faculty Leader

Please provide a brief statement of your goals for this fellowship experience:

Cost of fellowship is \$850. ABS Membership fee (\$125) and completion of one Balint Leadership Intensive (average \$700 registration fee) are also required.

I have read and accept the goals and requirements of the Balint Group Leader Education Fellowship.

Signature

Date

Return completed application to:

**Albert Lichtenstein**  
**Weight Loss Center**  
**Guthrie Clinic**  
**Sayre, PA 18840**