



THE NEW YORK INSTITUTE FOR PSYCHOTHERAPY TRAINING  
*In Infancy, Childhood and Adolescence*  
3701 Bedford Avenue  
Brooklyn, New York 11229

**CANDIDATE BIENNIAL INFORMATION UPDATE**

Return to Dr. Phyllis Cohen, 3701 Bedford Avenue, Brooklyn, NY 11229  
This form will be kept on file at the NYIPT Office

Name \_\_\_\_\_ Date \_\_\_\_\_

Year in Program: \_\_\_\_\_ Total # of Required Sessions: \_\_\_\_\_  
(yr 1 = 120; yr 2 = 180; yr 3= 200)

**PERSONAL THERAPY:**

Name of Therapist: \_\_\_\_\_

Completed or in process? \_\_\_\_\_

Number of sessions to date: (Approx.) \_\_\_\_\_

Date of last session: \_\_\_\_\_

**CLINIC/PATIENT HOURS**

Clinical Placement: \_\_\_\_\_

Address and Tele. # of Clinic: \_\_\_\_\_

Contact person at clinic: \_\_\_\_\_

Amount Paid per Session: \_\_\_\_\_

Apprx. number of clinic hours to date: \_\_\_\_\_

Date of last session: \_\_\_\_\_

Any concerns about number of patients and/or placement?  
\_\_\_\_\_

**CLINICAL CONSULTATION HISTORY**

Name of Consultant Year 1: \_\_\_\_\_

Year 2: \_\_\_\_\_

Year 3: \_\_\_\_\_

Date of Last Session of Clinical Consultation: \_\_\_\_\_

Approximate number of Consultation Sessions attended to date: \_\_\_\_\_  
(Approx. 40 per year)

**TUITION PAID**

Amount due for this year: \_\_\_\_\_

Approximate tuition paid up to date: \_\_\_\_\_

Frequency of payment commitment to NYIPT, Inc.: \_\_\_\_\_

- ❖ **Please Note:**
- 1/2 total tuition is due by September 30<sup>th</sup>.
  - Total tuition is due by January 10<sup>th</sup>.
  - Tuition must be paid in full in order to begin next year.

\_\_\_\_\_  
**SIGNATURE OF CANDIDATE**

\_\_\_\_\_  
**Date**