



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

CANDIDATE ANNUAL 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: _____
Aprx. number of clinic hours to date: _____
Date of last session: _____
Any concerns about number of patients
and/or placement? _____

SUPERVISION HISTORY

Name of Supervisor Year 1: _____
Year 2: _____
Year 3: _____

Date of Last Session of Supervision: _____
Aprx. number of Supervision Sessions attended to date: (approx. 40/yr.) _____

TUITION PAID

Amount due for this year: _____
Approximate tuition paid up to date: _____
Frequency of payment commitment to NYIPT, Inc.: _____

- ❖ **Please Note:**
- ½ total tuition is due by January.
 - Total tuition is due in June.
 - Tuition must be paid in full in order to begin next year.

SIGNATURE OF CANDIDATE

Date