



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

## CUMULATIVE MONTHLY KEPT SESSIONS FORM

*(This form is sent on a monthly basis to: Mary Tirolo, 435 Fifth Street, Brooklyn NY 11215)*  
 or e-mail [mtirolo@aol.com](mailto:mtirolo@aol.com)

Name of Candidate \_\_\_\_\_ Date \_\_\_\_\_

Year in Program: \_\_\_\_\_ Total Number of Annual Required Kept Sessions: \_\_\_\_\_  
*(Enter: 1<sup>st</sup> yr.=120; 2<sup>nd</sup> yr.=180; 3<sup>rd</sup> yr.=200)*

	# of Monthly Kept Session Hours	Monthly Tuition Encl.
<b>SEPTEMBER:</b>		
<b>OCTOBER:</b>		
<b>NOVEMBER:</b>		
<b>DECEMBER:</b>		
<b>JANUARY:</b>		
<b>FEBRUARY:</b>		
<b>MARCH:</b>		
<b>APRIL:</b>		
<b>MAY:</b>		
<b>JUNE:</b>		
<b>JULY/AUGUST:</b>		