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

LETTER OF AGREEMENT

AS A CANDIDATE IN THE NYIPT PROGRAM, I ACCEPT THE THREE-YEAR COMMITMENT AND AGREE TO:

I. Program Commitments:

- To attend and satisfactorily complete a two-hour class each week as per current SCHEDULE OF CLASSES from September through June.
- To attend weekly supervision from September through July and receive a satisfactory evaluation.
- To attend all required workshops and meetings.
- To complete clinical work in a professional manner, satisfactory to the clinic or school involved, consisting of 5 weekly patient sessions plus one parent collateral session (45 minutes each) (see Patient Commitments below).

II. Patient and Tuition Commitments:

I understand that tuition is commensurate with fees collected for required clinic-based patient sessions:*

In the first year of the program, I will complete 120 "kept" therapy hours. In the second year, 180 "kept" clinic hours are needed to advance to the third year, and in the third year, I will complete 200 "kept" clinic hours. This amounts to $1,800 in the first year, $2,700 in the second year and $3,000 in the third year.

I understand that as a therapist/candidate, I must also fulfill any clinic/school requirements including all required paperwork and any other requirements expected of a therapist.

III. Personal Therapy Commitment:

I understand that over the three years a minimum of 200 hours of dynamically oriented psychotherapy with an approved therapist is required prior to graduation (or 50 additional hours if I have had 200 hours of approved therapy in the past). I know that therapy on a twice a week basis is recommended, and it is possible that I may be required to complete additional therapy in order to continue in the program if deemed necessary. I know that I am responsible to pay for my personal therapy.

IV. Evaluation:

I understand that my continuing in the program will be evaluated by a committee of faculty each year, to determine my eligibility to enter the next year and to complete the program. Professional conduct is expected in accordance with Institute and Professional guidelines.

V. Pledge:

I hereby state that there are no disciplinary proceedings or other legal actions against me on a professional or personal level.

UPON SIGNING THIS AGREEMENT, I WILL ENCLOSE A NON-REFUNDABLE DEPOSIT OF $150.00.

Signed: _____

Candidate (Child and Adolescent Training Program) Date

_____

Program Director (Child and Adolescent Training Program) Date

** Although clinics make every effort to pay therapists in a timely fashion, this is not under the control of NYIPT. All candidates are responsible to pay ½ tuition by January, with the balance of tuition due by June (even though candidates may be owed money by clinics at these times).*