



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

REFERENCES

PLEASE HAVE PERSONS LISTED BELOW SEND LETTERS OF RECOMMENDATION DIRECTLY TO:

Dr. Phyllis Cohen
NYIPT
3701 Bedford Avenue
Brooklyn, NY 11229

LIST 2 PROFESSIONAL AND 1 PERSONAL REFERENCE:

PROFESSIONAL:

1. NAME: _____
POSITION: _____
ADDRESS: _____
PHONE: _____
.....

2. NAME: _____
POSITION: _____
ADDRESS: _____
PHONE: _____
.....

PERSONAL:

NAME: _____
POSITION: _____
ADDRESS: _____
PHONE: _____



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PERSONAL PSYCHOTHERAPY REVIEW

A personal dynamically oriented therapeutic experience of minimally 200 hours must be completed prior to or during the training. The therapist must have completed a postgraduate training program in dynamically oriented psychotherapy or psychoanalysis acceptable to the Faculty Committee. Your signature below will give us permission to contact your therapist (if necessary) to substantiate credentials and hours.

 Signature of Applicant

 Date

PERSONAL THERAPY:

Individual Treatment:

Present _____ Completed _____ (date)

No. of hours completed to date: _____

No. of times a week seen in treatment: _____

Name of Therapist: _____

ADDRESS: _____

PHONE No: _____

Graduate of: _____

Institute: (mo/yr) _____



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PERSONAL STATEMENT

State your professional aspirations and your interest in child and adolescent psychotherapy. PLEASE TYPE AND ATTACH.

ADDITIONAL REQUIREMENTS:

In addition to completing this application, please send:

1. A copy of your license to practice (or letter from your Graduate Program of the completion date for your professional degree).
2. A copy of your Curriculum Vita.
3. The Personal Psychotherapy Evaluation form filled out by applicant's therapist.
4. Three letters of Reference.
5. A \$25.00 Application Fee, with check made out to NYIPT, Inc.