



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

**CANDIDATE'S PERSONAL PSYCHOTHERAPY ANNUAL UPDATE FORM**

*This form is to be filled out by candidate's therapist and sent directly to  
Jane Buckwalter, LCSW, Supervisor NYIPT, 184 Berkeley Place Brooklyn, NY 11217*

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

Signature of Candidate \_\_\_\_\_

**Permission to release information to NYIPT, Inc.**

The following information pertains to the treatment of the above candidate:

Name of Candidate's Therapist: \_\_\_\_\_

Address \_\_\_\_\_

Telephone# \_\_\_\_\_

NO. OF HOURS SEEN TO DATE: \_\_\_\_\_

DATES OF TREATMENT: \_\_\_\_\_

TIMES SEEN PER WEEK: \_\_\_\_\_

TREATMENT COMPLETED? YES \_\_\_\_\_ NO \_\_\_\_\_

\_\_\_\_\_  
THERAPIST'S SIGNATURE

\_\_\_\_\_  
DATE