

---

## *Approved Entities*

---

**Waiver Number**                    **1042**

**Primary Entity Name**            **Collegiate School**

**Primary Address**                *260 West 78 Street*

*New York*

*NY*

*10024-*

**Primary Phone**                *(212) 812-8561*  
**Number**

**Current Waiver Issued Beginning Period**  
*5/1/2015*

**Current Waiver Ending Period**  
*4/30/2018*

**County**                            *New York*

**Professional Services to be Offered by Qualified Individuals:**

|  |   |   |
|--|---|---|
| <input type="checkbox"/> Licensed Master Social Work       | <input type="checkbox"/> Licensed Marriage and Family Therapy | <input type="checkbox"/> Licensed Psychoanalysis              |
| <input type="checkbox"/> Licensed Clinical Social Work     | <input type="checkbox"/> Licensed Creative Arts Therapy       | <input checked="" type="checkbox"/> Psychology                |
| <input type="checkbox"/> Licensed Mental Health Counseling | <input type="checkbox"/> Licensed Behavior Analyst            | <input type="checkbox"/> Certified Behavior Analyst Assistant |

**Additional Sites if any - with Certificate Number**

**Certificate Number**

- -