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## *Approved Entities*

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**Waiver Number**                    **1046**

**Primary Entity Name**            **The Institute of the Postgraduate Psychoanalytic Society**

**Primary Address**                *Jeffrey Kleinberg*  
*35 East 35th Street (1M)*  
*New York*  
*NY*  
*10016-*

**Primary Phone**                *(718) 836-7528*  
**Number**

**Current Waiver Issued Beginning Period**  
*4/15/2012*

**Current Waiver Ending Period**  
*4/30/2015*

**County**

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

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

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

**Certificate Number**

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