

Approved Entities

Waiver Number **1134**

Primary Entity Name **QSAC, Inc.**

Primary Address *253 West 35th Street*

Primary Phone Number *(212) 244-5560*

New York

Current Waiver Issued Beginning Period

NY

6/1/2015

10001-

Current Waiver Ending Period

County *New York*

5/31/2018

Professional Services to be Offered by Qualified Individuals:

<input checked="" type="checkbox"/> Licensed Master Social Work	<input type="checkbox"/> Licensed Marriage and Family Therapy	<input type="checkbox"/> Licensed Psychoanalysis
<input checked="" 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 checked="" type="checkbox"/> Licensed Behavior Analyst	<input checked="" type="checkbox"/> Certified Behavior Analyst Assistant

Additional Sites if any - with Certificate Number

Certificate Number	CW - 1134 - 4346	QSAC Preschool & Early Childhood Center
Certificate Number	CW - 1134 - 4345	QSAC Day School