

## Approved Entities

**Waiver Number**                    **1134**

**Primary Entity Name**            **QSAC, Inc.**

**Primary Address**                    *253 West 35th Street*

**Primary Phone**                    *(212) 244-5560*  
**Number**

*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**

<b>Certificate Number</b>	<b>CW - 1134 - 4346</b>	<b>QSAC Preschool &amp; Early Childhood Center</b>
<b>Certificate Number</b>	<b>CW - 1134 - 4345</b>	<b>QSAC Day School</b>