
Approved Entities

Waiver Number **1187**

Primary Entity Name **The Psychoanalytic Training Institute of the New York Counseling and Guidance Se**

Primary Address *160 West End Avenue*
Suite 1 N/P
New York
New York
10023-

Primary Phone *(212) 362-1086*
Number

Current Waiver Issued Beginning Period
7/8/2015

Current Waiver Ending Period
7/9/2018

County *New York*

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 type="checkbox"/> Psychology
<input checked="" 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

- -
