
Approved Entities

Waiver Number **1196**

Primary Entity Name **New York Psychoanalytic Society and Institute**

Primary Address *247 East 82nd Street*

Primary Phone Number *(212) 879-7050*

New York

Current Waiver Issued Beginning Period

NY

4/1/2016

10028-

Current Waiver Ending Period

County *New York*

3/31/2019

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 checked="" 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 type="checkbox"/> Licensed Behavioral Analyst	<input type="checkbox"/> Certified Behavioral Analyst Assistant

Additional Sites if any - with Certificate Number

Certificate Number

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