

# Approved Entities

**Waiver Number**                      **1205**

**Primary Entity Name**                **My Time Inc**

**Primary Address**                      *1312 East 84th street*

**Primary Phone Number**            *(718) 251-0527*

*Brooklyn*

**Current Waiver Issued Beginning Period**

*NY*

*7/10/2015*

*11236-*

**Current Waiver Ending Period**

**County**

*Kings*

*7/9/2018*

**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 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	<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 - 1205 - 4659</b>	<b>Parent Education Training - NYC Autism Initiatives/Family Support Program</b>
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