Approved Entities

Waiver Number	**1315**		
Primary Entity Name	**Staten Island Employment Education Consortium Inc**		
Primary Address	*28 Bay Street* *Staten Island* *NY* *10301-*	***Primary Phone Number***	*(718) 816-6700*
		Current Waiver Issued Beginning Period	*4/1/2013*
		Current Waiver Ending Period	*3/31/2016*
County	*Richmond*		

Professional Services to be Offered by Qualified Individuals:

☑ Licensed Master Social Work	☐ Licensed Marriage and Family Therapy	☐ Licensed Psychoanalysis
☐ Licensed Clinical Social Work	☐ Licensed Creative Arts Therapy	☐ Psychology
☐ Licensed Mental Health Counseling	☐ Licensed Behavioral Analyst	☐ Certified Behavioral Analyst Assistant

Additional Sites if any - with Certificate Number

Certificate Number	- -