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## *Approved Entities*

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**Waiver Number**                    **1429**

**Primary Entity Name**            **Nassau Psychological Services Institute**

**Primary Address**                *PO Box 9*

**Primary Phone Number**        *(516) 377-1010*

*Massapequa Park*

*New York*

*11762-*

**Current Waiver Issued Beginning Period**

*3/1/2014*

**Current Waiver Ending Period**

*2/28/2017*

**County**                            *Nassau*

**Professional Services to be Offered by Qualified Individuals:**

<input 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 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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