

---

## *Approved Entities*

---

**Waiver Number**                    **169**

**Primary Entity Name**            **International School for Mental Health Practitioners**

**Primary Address**                *2295 Victory Blvd*

**Primary Phone Number**        *(718) 698-0700*

*Staten Island*

*NY*

*10314-*

**Current Waiver Issued Beginning Period**

*7/1/2015*

**Current Waiver Ending Period**

*6/30/2018*

**County**                            *Richmond*

**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 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**

**Certificate Number**

- -